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(Re	equestor's Name)				
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D O'KEEFE MAR 1 4 2010

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	World	Wellness	Associates, T	Inc.		
	(P)	ROPOSED CORPORA	ATE NAME – <u>MÚST INCI</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
☐ \$70. Filing F	Fee Filing F		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
			ADDITIONAL COPY REQUIRED			

Jergio Gutierrez II	
Name (Printed or typed)	
11911 66th Street Lot #831	
Address	
Largo, FL 33773	
City, State & Zip	
(813) 385-4640	
Daytime Telephone number	
sergio 2 the legend @ yahoo.com	
	City, State & Zip (813) 385-4640

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e name of the corpo	oration shall be:	WOVIA L	O E MICESS	7 - 0 0 0 - 1 -	,	
RTICLE II PRI	NCIPAL OFFIC Principal <u>stree</u>			Mailing ac	ldress, if differen	at is:
1911 663	h Street,	Lot # 831	<u> </u>	Same		
-argo, Fl	_ 33773	3	- 			
TICLE III PUR e purpose for whic	POSE h the corporation	is organized is:	ing and a	ell legal	activi	ties
under t	this Co	is organized is: A	as de	termine	& by	it's
Officer:	sand	Director	s		7	
TICLE IV SHA number of shares	RES of stock is: \O	Shaves -	- No Par Vo	lue.		
number of shares	of stock is: <u>\O(</u> TAL OFFICERS	S AND/OR DIRECTO	<u>ORS</u>		esident	
number of shares	of stock is: \00 TAL OFFICERS		DRS Name and		esident	
e number of shares TICLE V INIT Name and T	of stock is: \00 CIAL OFFICERS Itle: Sevaio \(\(\frac{11911}{4}\)	GAND/OR DIRECTO Gutierrez 16th Street 1831	Name and Address:		esident	
e number of shares TICLE V INIT Name and T	of stock is: \00 CIAL OFFICERS Itle: Sevaio \(\(\frac{11911}{4}\)	SAND/OR DIRECTO Gutierrez 64th Street	Name and Address:		esident	
e number of shares TICLE V INIT Name and T	of stock is: \00 CIAL OFFICERS tle: Sergio \[\lambda \lambda \rightarrow \tag{4} \] \[\Large \] \[\Large \]	GAND/OR DIRECTO Gutierrez 16th Street 1831	Name and Address:	d Title: 	sident	18
number of shares TICLE V INIT Name and Ta Address	of stock is: \00 CIAL OFFICERS Itle: Sevaio \(\lambda \text{1911} \) \(\Largo \) \(\Largo \) \(\Largo \)	GAND/OR DIRECTO Gutierrez 16th Street 1831	Name and Name and Name and Name and	d Title: 	sident Secret	18 HAR
TICLE V INIT Name and Tandares Address	of stock is: \00 CIAL OFFICERS Itle: Sevaio \(\lambda \text{1911} \) \(\Largo \) \(\Largo \) \(\Largo \)	GAND/OR DIRECTO Gutierrez 16th Street 831 5, FL 3377	Name and Name and Name and Name and	d Title: 	SECRETAR	8 =
Name and Tandaress Name and Tandaress	of stock is: \00 CIAL OFFICERS Itle: Sevaio Lot # Largo le:	GAND/OR DIRECTO Gutierrez 16th Street 831 5, FL 3377	Name and Address: Address: Address:	d Title: 	SECRETAR	5 F
Name and Tit Address Address	of stock is: \00 CIAL OFFICERS Itle: Sevaio Lot # Largo le:	Gand/OR DIRECTO Gutiervez 6th Street 831 5 FL 3377	Name and Address: Name and Address: Address:	d Title:	SECRETAR FLORID	5
Name and Tit Address	of stock is: \\ \(\text{VAL OFFICERS} \\ \text{Ide: Sevaio} \\ \text{Lot #} \\ \text{Largo} \\ le: \	GAND/OR DIRECTO Gutiervez 6th Street 831 5 FL 3377	Name and Address: Name and Address: Name and Address:	d Title:	SECRETAR FLORID	-6 A - 0

Name and Title:		Name and Title:	<u> </u>
Address		Address:	·
ARTICLE VI REGISTERED The name and Florida street ad	<u>AGENT</u> dress (P.O. Box NO T acceptable) of	the registered agent is:	
Name: Sergio	Gutierrez II		•
Address: 11911	66th St., Lot#831		18 SEC
	FL 33773		FIL MAR -6 CRETAGO LAHASSE
ARTICLE VII INCORPORAT	<u>OR</u>		
The name and address of the Inc	*		9: 47 3: A.S. TLORAD
Name: Sergi	io Gutierrez I		
Address: \(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	66# St., Lot#831 10, FL 33773		
Lavo	jo, FL 33773		
ARTICLE VIII EFFECTIVE A Effective date, if other than the da (If an effective date is listed, the filing.)	DATE: ate of filing:	LO\8 (OPTIONAL) be more than five days prior	or 90 days after the
	block does not meet the applicable s the Department of State's records.	tatutory filing requirements, th	is date will not be listed as
Having been named as registered this certificate, I am familiar with	agent to accept service of process j and accept the appointment as regi	for the above stated corporatio stered agent and agree to act in	on at the place designated in n this capacity
Sm Str Cequir	ed Signature/Registered Agent		MARCH 1 , 2018 Date
I submit this document and affir document to the Department of Si	m that the facts stated herein are to ate constitutes a third degree felony	rue. I am aware that the false as provided for in s.817.155. I	information submitted in a
Som State Required Signature/In	7-15		MARCH 1, 2018