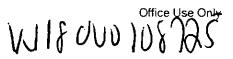
## P1900000 5971

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



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WILLAHASSER TENTON



December 19, 2018

GREGORY OTTO 1900 NW 32ND ST POMPANO BEACH, FL 33064

SUBJECT: GROWGENIX LABS INC.

Ref. Number: W18000108725

We have received your document for GROWGENIX LABS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 118A00025995

## **COVER LETTER**

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

SUBJECT: 6	FROWGENIX LABS IN	JC.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the arti-	cles of incorporation and	d a check for:
	\$78.75 Filing Fcc & Certificate of Status	S78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	GREGORY OTTO	(Printed or typed)	
•	1900 NW 32 nd	ST	
	Λ	ddress	
_	POMPANO BEACH, F	L 33064	<del></del>
	City, S	State & Zip	
	561 - 866 - 9386 Daytime Te		
	gottosaceréme. Ca	om Gartina	atification)
	E-mail address: (to be used	for future annual report n	оппсянов)

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)

The name of the corpor	ation shall be: GROWGENIX	LABS INC/EI	N: 83-266825
ARTICLE II PRIN		/	ess, if different is:
1900 NW	32 nd ST.		
POMPANO F	BEACH FL 33064		
ARTICLE III PURF	POSE the corporation is organized is:		
DIETARY S	uppliments		
			2011
			JAN
			SSE G
			<del>- မ</del> မ
·			<u> </u>
	AL OFFICERS AND/OR DIRECTORS  10: GRÉGORY OTTO	Name and Title:	
Address	1900 NW 32 nd ST.	Address:	
	POMPANO BEACH, FL 3	3064	
Name and Title	s:	Name and Title:	
Address		Address:	
		<del></del>	
			<u> </u>
Name and Title	:	Name and Title:	
Address		Address:	
		_	

Name and Title:	Name and Title:
Address	Address:
	<del>/</del>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name: GREGORY OTID	
Address: 1900 NW 32 nd s	<u>s7</u>
POMPANO BEACH, FL	33064
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: GREGORY OTTO	
Address: 1900 NW 32	nd ST
POMPANO BEAC	H, FL 33064
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specifiling.)	-/ 1 / 20   8 (OPTIONAL) cific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed as state's records.
Having been numed as registered agent to accept set this certificate, I am familiar with and accept the app	rvice of process for the above stated corporation at the place designated in vintment as registered agent and agree to act in this capacity
Required Signature/Registe	/ 12 / 6 / 20 / 8  cred Agent Date
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi	ted herein are true. I am aware that the false information submitted in a are degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	/ h 1 2018