

P19000018135

(Requestor's Name)

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(City/State/Zip/Phone #)

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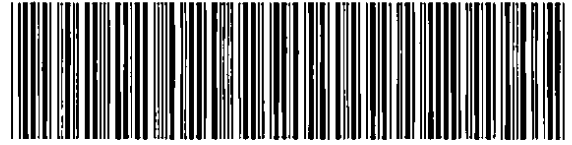
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: My95210 Health, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: James Chapman
Name (Printed or typed)

299 Teal Lane
Address

Tallahassee Florida 32308
City, State & Zip

850-274-6225
Daytime Telephone number

james@95210.org
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: Mu 95210 Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

299 Teal Lane
Tallahassee, Fl. 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health and Wellness Programs

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Chapman, Pres. Name and Title:

Address: 299 Teal Lane Address:

Tallahassee, Fl. 32308

Name and Title: Andrii Vakhor VP Name and Title:

Address: Eintrachtstr 1 Address:

13187 Berlin, Germany
49 151 267 34 027

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James Chapman

Address: 299 Teal Lane

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Chapman

Address: 299 Teal Lane

Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 4, 2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

James Chapman
Required Signature/Registered Agent

Mar 4, 2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

James Chapman
Required Signature/Incorporator

Mar 4, 2019
Date

James Chroman will not reinstate 11,9520 Health, Inc.

Document number DP17E0005.3100

And will file a new filing with the same name.