Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973

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FLORIDA PROFIT/NON PROFIT CORPORATION BEST ONE PLUS WELLNESS CORP.

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: oversegs Hwy ARTICLE III SHARES: The number of shares of stock is: _ ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: SNIEL GUNZALEZ MARTINEZ INCORPORATOR: The name and address of the Incorporator is: ARTICLEVI OSNIEZ GUNZALEZ MARCHNEZ 5192 DUERSEAS HOLY MARATHON, FL.

03-04-19 Date

Required Signatures:

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

Registered Agent 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.