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	Division of Corporations	<u>ंड</u> गीर्	ъŏ
	Fax Number : (850)617-6381	\$5.7 <u>7</u>	~
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From:		SH-	_
	Account Name : LAZARUS CORPORATE FILING SERVICE	E, INC. 🌣 🚉	(C)
	Account Number : I20000000019	n	
	Phone : (305)552-5973		ů.
	Fax Number : (305)675-5944	<u> </u>	<u>-</u>

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

FLORIDA PROFIT/NON PROFIT CORPORATION COMMUNITY WELLNESS PROGRAMS INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Community Wellness Programs Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2423 Sw 142 Ave, Ste 392
Miam, FL 33185
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
19 AP
No. No.
FF S
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS.
THE BIRDS
The name and Florida street address (PO Box not acceptable) of the registered agent is:
2423 SW 147 Ave Ste 392
Miami, FL 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
2423 SW 147 AVR, Ste 392
Miami, FL 33185.

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

re true. I am aware that

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.

Incorporator

Date

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