**Electronic Filing Cover Sheet** 

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Division of Corporations

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From:

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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION IMPROVELIFE CORP.

Certificate of Status	0
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Corporate Filing Menu

Help

J. FASON

## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
IMPROVELIFE CORp.	_
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1253 NW 29 TERR	
MIAMIFL 3314Z	
ARTICLE III SHARES: The number of shares of stock is: //OO	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
DANIEL CASTIllo CRUZ (P)	
The name and Florida street address (PO Box not acceptable) of the registered agent is	
DANIEL CASTILLO CRUZ	
1253 NW 29 TERR 300	\$-J.
MIAMIFL 3314Z ERS 9	C
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  DANIEL CASTILIO CRUZ	
DANIEL CASTILIO CRUZ	
1253 NW Z9 TERR MIAMI FL 3314Z	
MIHMI FC 3517C	

## 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

05-10-2019

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.

ncorporator

05-10-201 Date