

PI9000050890

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000197241 3)))



H190001972413ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ALLERGY PREVENTION GROUP CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

19 JUN 25 PM 5:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUN 25 PM 2:45

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Allergy Prevention Group Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7959 NW 2nd St  
Miami FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Barbara Suarez (P)  
Ashley Vazquez (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ashley Vazquez  
7959 NW 2nd St  
Miami FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ashley Vazquez  
7959 NW 2nd St  
Miami FL 3312619 JUN 25 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED


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

6/25/19  
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.

  
\_\_\_\_\_  
Incorporator

6/25/19  
Date