

6/18/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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19 JUN 25 PM 5:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

2019 JUN 25 PM 1:19

FLORIDA PROFIT/NON PROFIT CORPORATION
Soma Health and Wellness Center Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: Soma Health and Wellness Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11120 SW 88th Street Suite 101

Miami Fl. 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Healthcare Clinic

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo J. Somarriba , President

Name and Title:

Address 11120 SW 88th Street Suite 101

Address:

Miami Fl. 33176

Name and Title: Ana Laura Cruz, Vice President

Name and Title:

Address 11120 SW 88th Street Suite 101

Address:

Miami Fl. 33176

Name and Title:

Name and Title:

Address

Address:

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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: LEGALINC CORPORATE SERVICES INC.
Address: 5237 SUMMERLIN COMMONS BLVD, #400
FORT MYERS, FL 33907

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: NANCY LUNA
Address: 10601 Clarence Dr Suite 250
Frisco, TX 75033

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

<u>Nancy Luna</u>	<u>6/25/2019</u>
Required Signature/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.

<u>Nancy Luna</u>	<u>6/25/2019</u>
Required Signature/Incorporator	Date

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