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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 RENEWAL WELLNESS AND RESEARCH INC

03
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Electronic Filing Menu Corporate Filing Menu

Help

20

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE NAME: The name of the company:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 1150 んい 72 Ave Sorte: 405.	
MIAN: FT 33126.	
35166	
TICLE III SHARES: The number of shares of stock is: 100	
ADTROX TO THE	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE ES:	-
	<u>:</u>
	3.
	·····
<u> </u>	
	
RTICLE V INITIAL REGISTERED AGENT AND STREET ALDD	PFSS-
e name and Florida street address (PO Box not acceptable) of the registered	
Ċ IAA	
Fausto Costillo	
1150 NW 72 Ave suite 405	
1150 NW 72 Ave suite 405	orator i

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

Registracia 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.

