

SEP/17/2019/TUE 11:50 AM

FAX No.

P. 001/003

9/17/2019

Division of Corporations

P19000071148

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ZATIVA LIFE HEALTH & WELLNESS OF DORAL CORP**

Certificate of Status	0
Certified Copy	1
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FAX No.

P. 002/003

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: ZATTVA LIFE HEALTH & WELLNESS OF DORAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6104 SOUTH DIXIE HWY

SOUTH MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARTURO RODRIGUEZ (P/S/D)

Name and Title: _____

Address: 6104 SOUTH DIXIE HWY

Address: _____

SOUTH MIAMI, FL 33143

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

19 SEP 17 PM 2:52
SECRETARY OF STATE
MIAMI BEACH, FL 33139

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARTURO RODRIGUEZ
Address: 6104 SOUTH DIXIE HWY
SOUTH MIAMI, FL 33143

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ARTURO RODRIGUEZ
Address: 6104 SOUTH DIXIE HWY
SOUTH MIAMI, FL 33143

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 agree to the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

9/16/2019

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 §817.155, F.S.

[Signature]
Required Signature/Incorporator

9/10/2019

Date