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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
WELLNESS FIRST OF SOUTH FLORIDA INC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT. 07 2019

T. SCOTT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: WELLNESS FIRST OF SOUTH FLORIDA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
17712 SW 143 CTMIAMI, FLORIDA 33177Mailing address, if different is:
17712 SW 143 CTMIAMI, FLORIDA 33177**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GUILMER HERNANDEZ PRESIDENTAddress: 17712 SW 143 CT
MIAMI, FLORIDA 33177Name and Title: MADELIN MARTINEZ VPAddress: 17712 SW 143 CT
MIAMI, FLORIDA 33177

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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Name and Title: _____ Name and Title: _____

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ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GUILMER HERNANDEZAddress: 17712 SW 143 CTMIAMI, FLORIDA 33177**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: GUILMER HERNANDEZAddress: 17712 SW 143 CTMIAMI, FLORIDA 33177**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 filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 of this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*_____
Required Signature/Registered Agent10/02/2019_____
Date*I submit this document and affirm that the facts stated herein are true. I am aware that the false information in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*_____
Required Signature/Incorporator10/02/2019_____
Date