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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Email	Address:	·	 			ر -
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FLORIDA PROFIT/NON PROFIT CORPORATION WELNESS ACADEMY CENTER CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Illellness Academy Center Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3785 NW 82 ave 215 Don't Fl
33166.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
JEFF GAYCIA (F)
2019
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Jeff GARCIA
3785 NW 82 HVL 215
Doral FL 33106
ARTICLE VI INCORPORATOR: The name and address of the Ir.o.)rporator is:
ARTICLE VI INCORPORATOR: The name and address of the Ir. osporator is:
3785 NW 82 AVE 215
Noral F1 33166

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 I ate

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.

