

P190000090608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

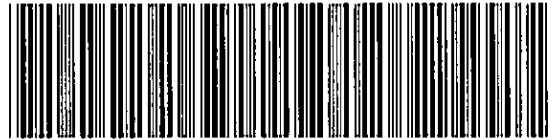
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN

DEC 11 2019

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/09/2019

☐ **CERTIFIED COPY** _____
XX **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** INC _____

1. LEMON WELLNESS SYSTEMS INC.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Lemon Wellness Systems Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SAME

10571 SW Capraia Way
Port Saint Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cryotherapy franchise

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ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Lemon Name and Title: Pres/Treas/Director

Address: 10571 SW Capraia Way Address: _____
Port Saint Lucie, FL 34986

Name and Title: Deborah Lemon Name and Title: VP/Sect/Director

Address: 10571 SW Capraia Way Address: _____
Port Saint Lucie, FL 34986

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Robert Lemon
Address: 10571 SW Capraia Way
Port Saint Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah Rappaport
Address: 1180 Welsh Road, Suite 280
North Wales, PA 19454

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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

Robert Lemon

Robert Lemon Required Signature/Registered Agent

December 9, 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 s.817.155, F.S.

Deborah Rappaport

Required Signature/Incorporator

December 9, 2019

Date