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To:

Division of Corporations

3052201440

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 HEALTHY FUTURES WELLNESS CENTER, INC

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T. SCOTT

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 9112 NW 117 Ter SHARES: The number of shares of stock is: ARTICLE III INITIAL DIRECTORS AND/OR OFFICER ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: 4112 NW INCORPORATOR: The name and address of the Incorporator is: Camadho A112 NW 117 Ter

Required Signatures:

3052201440

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

egistered Agent

01/28/2020

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 S ate constitutes a third degree felony as provided for in s.847.155, F.S.

proporator

01 28/2020