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**Department of State** 

**Division of Corporations** 

**Stealth Courier LLC** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

20 FF -1 3411: 1:5

Company: Ameerah Adeiola

Requester:

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	inceton Healt	h Inc ATV NAME- <u>MUST INCL</u>	ÜDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	[] \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$2 \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Prinston Je	ean Glaud	0 .

Name (Printed or typed)

2412 1 State Road

Address

Lauderdale Lakes, FL 33313

City, State & Zip

(954) 289-000

Daytime Telephone number

F-mail address: To be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporat	ion shall be: Princeton Hy	ealth, I	nc.	
2412 0 Str			Mailing address, if different is:	- -
ARTICLE III PURPO The purpose for which the	DEE the corporation is organized is:	any and		-
			TALLARASSE	
ARTICLE IV SHARI The number of shares of	<u>ES</u> stock is: 1,000		FLATE	
	L OFFICERS AND/OR DIRECTORS	<del></del>		
	finston Jan Glaude	. Name and Title	Edwige Jean (	alaude
	2412 11 State Road 7 Lauderdale Lukes, FL 3 President	Address:	2412 N State Road Lauderdale Lakes, FC Vice President	7
Name and Title;		Name and Title	:	•
Address		Address:		
Name and Title:		Name and Title	÷	
Address		Address:		-

	nd Title:	Name and Title:	
Addres	3	Address:	
•			
	•	·	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name:	Krington Jean J	Glarde	1.035
Address:	2412 n. State	Boad 7	
	Lauderdale Laher	5, FL 333/3	2000年
	•	1	\$4.0 \$4.0
ARTICLE VII	<u>INCORPORATOR</u>		12. N
The <u>name and a</u>	ddress of the Incorporator is:	. 1	FE
Name;	Kinston Jan (	plaude	,
Address:	2412 N State P	poad 7	
	Lauderdale Lak	es, FC 333/3	
	•	/	
	EFFECTIVE DATE: Other than the date of filing:	28/2020 (OPTIONAL)	
ARTICLE VIII Effective date, if		fic and cannot be more than five days price	or or 90 days after the
Effective date, if (If an effective of	,		
Effective date, if (If an effective of filing.)			
Effective date, if (If an effective of filing.)  Note: If the date		the applicable statutory filing requirements, are seconds.	this date will not be liste
Effective date, if (If an effective of filing.)  Note: If the date the document's e	t inserted in this block does not meet t effective date on the Department of St	ate's records.	
Effective date, if (If an effective of filing.)  Note: If the date the document's of Having been name.	e inserted in this block does not meet to effective date on the Department of St med as registered agent to accept service		at the place designated i
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