

P 20000026786

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****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
PHOENIX WELLNESS CENTER, INC.**

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:Phoenix Wellness Center, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P.
2100 W 76 ST suite 308
Hialeah FL 33012

ARTICLE III SHARES: The number of shares of stock is: 75-25**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Luis Alexis Alvarez - P. 75%
Marlene Alarcon - V. P. - 25%

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Marlene Alarcon
2100 W 76 ST suite 308
Hialeah FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Marlene Alarcon
2100 W 76 ST suite 308
Hialeah FL 33012

FILED
20 MAR 27
MAR 27 2020
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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

W Alarcon

Registered Agent

03-27-20

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.

W Alarcon

Incorporator

03-27-20

Date