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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BONGGI APPLIED BX HEALTH, INC**

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

Second Request

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:BONGGI APPLIED BX HEALTH, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14114 SW 93 LN
MIAMI, FL 33186**ARTICLE III SHARES:** The number of shares of stock is:1,000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANDREA Bonggi
14114 SW 93 LN
MIAMI, FL 33186**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

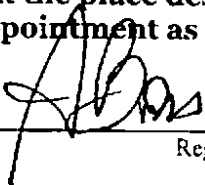
ANDREA Bonggi
14114 SW 93 LN
MIAMI, FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:4913 SW 154 CT
MIAMI, FL 33185
LEONARDO ROUTAS

20 JUNE - 8 PM 2013

FILED

Required Signatures:

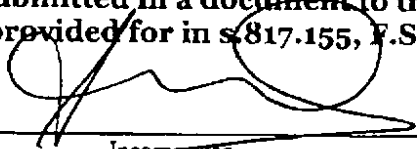
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

06/30/2020
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.



Incorporator

06/30/2020
Date