Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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τo:	Division of Corporations	20
	Fax Number : (850)617-6381	20 XUG
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	612 7# 2:
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**En	Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION	ure -
**En	FLORIDA PROFIT/NON PROFIT CORPORATION GREY WELLNESS GROUP INC.	C RICO
SIACKS STATE OF THE STATE OF TH	FLORIDA PROFIT/NON PROFIT CORPORATION GREY WELLNESS GROUP INC. Certificate of Status 0	ure -

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Grey WELLNESS FIROUP INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
5979 NW 151 5 Keet
Suite 110
Miani Lakes, Ft. 33014
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICIERS:
Junzier Ari As (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Jahzier Arias
5979 NW 151 St. Svite:110
Miani Lakes, FL - 33014
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
5979 NW 151 ST. Suite 110
MIGMI Lakes TL 33014

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 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 Date