

**P200000061280**

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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20 AUG 12 PM 2:15  
DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**GLASS WELLNESS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2020 AUG 12 PM 3:54  
RECEIVED  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:GLASS WELLNESS INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5979 NW 151 StreetSuite 110Miami Lakes, FL 33014**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mayte Felipe (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

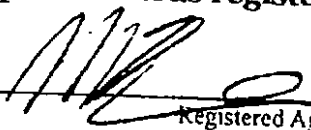
Mayte Felipe5979 NW 151 Street, Suite 110Miami Lakes FL 33014**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MAYTE FELIPE5979 NW 151 ST Suite 110Miami Lakes FL 33014

2013/02/12 PM 2:15

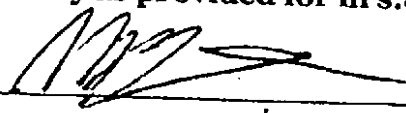
FILED  
MAR 11 2013  
CLERK OF CIRCUIT COURT  
MIAMI, FLORIDA

**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

  
\_\_\_\_\_  
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