

P200000 76886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

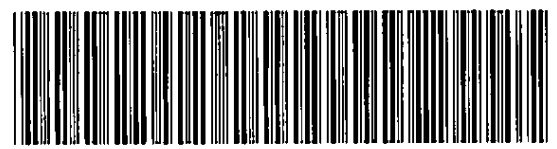
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000353044840

10/02/20--01002--003 **70.00

RECEIVED
2020 OCT - 1 PM 3:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 OCT - 1 PM 3:14
TALLAHASSEE, FLORIDA

C RICO
OCT 01 2020

70.

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 10/01/2020

- ☐ **CERTIFIED COPY** _____
- ☒ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** INC. _____

1. **ALL IN HEALTH GOODS, INC.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: ALL IN HEALTH Goods, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MITRA SUPAN
Name (Printed or typed)

827 E PALM BLVD, NORTH LAUDERDALE, FL, 33068
Address

NORTH LAUDERDALE, FL, 33068
City, State & Zip

954-864-5865
Daytime Telephone number

MARIO500@gmail.com
E-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)

ARTICLE I NAME

The name of the corporation shall be: ALL IN HEALTH GOODS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

MITRA SUPAN
827 E PALM RUN DR
NORTH LAUDERDALE, FL, 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MITRA SUPAN President Name and Title: _____

Address 827 E PALM RUN DR Address: _____
NORTH LAUDERDALE, FL, 33068

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

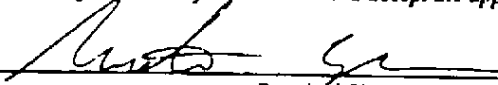
Name: MIRRA SUPAN
 Address: 827 E PALM RUN DR
N. LAUDERDALE, FL, 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

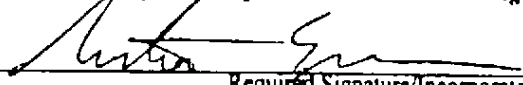
Name: MIRRA SUPAN
 Address: 827 E PALM RUN DR
N. LAUDERDALE, FL, 33068

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.


 Required Signature/Registered Agent

10-1-20
 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.


 Required Signature/Incorporator

10-1-20
 Date