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



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DIVISION OF CORPORATIONS TALLAMASSEE, FLORIDA

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2020 OCT - I PM 3:

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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

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: <u>10/01/2020</u>				
 **	CERTIFIED COPY PHOTOCOPY			
	CUS			
хx	FILING	INC.		
1.	ALL IN HEALTH GOOL	S, INC. IENT #)		
2.	(CORPORATE NAME AND DOCU	IENT #)		
3.	(CORPORATE NAME AND DOCU	IENT #)		
4.	(CORPORATE NAME AND DOCU	IENT #)		
5.	(CORPORATE NAME AND DOCU	IENT #)		
6.	(CORPORATE NAME AND DOCU	IENT #)		
SPECIA INSTRU	L ICTIONS:			

COVER LETTER

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

SUBJECT:	UBJECT: 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 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status			
ADDITIONAL COPY REQUIRED						
FROM: MITRA SUPAN Name (Printed or typed) 827 E PALM RUNDR, NORTH LAUDERDALE, FL, 330 Address 1/00 TH LAUDERDALE, FL, 330						
NORTH LAUDER DALE, FL, 33068 City, State & Zip						
954-864-5865 Daytime Telephone number						
SMARIO SOUR & MAIL 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)

Name and Title:				ods, INC
RTICLE IV SHARES The number of shares of stock is: 0,000 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MIRA SUAN PRESIDENT Name and Title: Address Name and Title: Name and Title: Name and Title: Address: Name and Title: Name and Title: Name and Title: Address Name and Title: Name	RTICLE II PRI			Mailing address, if different is:
RETICLE IV SHARES enumber of shares of stock is: 0,000 RETICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MITTAL SURAN PROSE Address No a fil Laurea Dale, Fel, 33068 Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Name and Title: Address Name and Title: Name and Title	MITRA S	UPAN		
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RTICLE IV SHARES The number of shares of stock is: 0,000 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MITRA SUPAN F. C. der TName and Title:		•		Par acc
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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: MISAN SUPAN	
Address: 827 E para Rua	DR
N. LAUDERDALE, FL, 3	30Cg .
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	
Name: MITAL SUPAR	,
Address: 827 E PALM	RUN DR
Name: MITAL SUPAR Address: 827 E PALM & N. LANDRADALE, FL	33068
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint	re of process for the above stated corporation at the place designated in Atment as registered agent and agree to act in this capacity
Required Signature/Registered	1 Agent
Required Signature/Registered	d Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third	herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
_ luto m	18-1-20
Required Signature/Incorpo	rator Date