11/30/2020

P20000091550

Division of Corporations

Florida Department of State

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.

(((H20000409109 3)))

H20000409109 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ACCOUNTING SOLUTIONS OF USA, INC
Account Number : I20200000164
Phone : (786)642-1375
Fax Number : (786)551-2660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
20 NOV 30 PM 7:01
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
HORMONAL HEALTH AND WELLNESS GROUP, CORP

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

2020 NOV 30 PM 3:24

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE
DEC -1 2020

(850) 617-6381

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: Hormonal Health and Wellness Group, Corp

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

14845 SW 168 Ter Miami, FL 33187

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "Any and all lawful business"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oslaida Caballero

Address: President
14845 SW 168 Ter
Miami, FL 33187

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2020 NOV 30 PM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(850)617-6381

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: Accounting Solutions of USA

Address: 10300 Sunset Dr 265

Miami, FL 33173

FILED
20 NOV 30 PM 7:01
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Oslaida Caballero

Address: 14845 SW 168 Ter

Miami, FL 33187

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/30/20 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Anabel Alcantara — 11/30/20

Required Signature/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.

Oslaida Caballero — 11/30/20

Required Signature/Incorporator — Date