

P200000095892

12/10/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

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Account Number : I20000000146
Phone : (305)444-4994
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
IGNITE WELLNESS CENTER, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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December 11, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE FILING SERVICE

SUBJECT: IGNITE WELLNESS CENTER, INC
REF: W20000140607

We have received your document for IGNITE WELLNESS CENTER, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE MAKE SURE YOUR ADDRESS IS CONSISTENT THROUGH OUT ARTICLE. THANKS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist IIFAX Aud. #: H20000421994
Letter Number: 520A00024889

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: Ignite Wellness Center, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

20 Berkley Circle
Unit 201
FT Myers, FL 33907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawfull business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Victor Garcia / President

Address:

20 Berkley Circle, Unit 201
FT Myers, FL 33907

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

Victor Garcia
20 Berkley Circle, Unit 201
FT Myers, FL 33907

ARTICLE VII INCORPORATOR

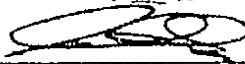
The name and address of the incorporator is:

Name:

Address:

Victor Garcia
20 Berkley Circle, Unit 201
FT Myers, FL 33907

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:

12/09/2020
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:

12/09/2020
Date