

(FAX TRANSMISSION) To: 18506176381 From: 1954729773 Pages: 4  
**P200000431403**  
 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.**

(((H20000431403 3)))



H200004314033ABCR

**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 : LAMADRID FINANCIAL SERVICES CORP  
 Account Number : I20200000059  
 Phone : (954)727-9771  
 Fax Number : (954)727-9773

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

Email Address: alex@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ZENWAR WELLNESS INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$70.00 |

2020 DEC 17 PM 3:43

2020 DEC 17 PM 4:57

File Edit

Electronic Filing Menu

Corporate Filing Menu

Help

**H20000431403 3**

H 20000431403 3

**COVER LETTER**

7970 DEC 17 PM 4:57  
F 11 11 11

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

**SUBJECT:** ZENWAR WELLNESS 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      & Certificate of  
                  Status      Status

**ADDITIONAL COPY REQUIRED**

**FROM:** RENEE GARCIA WYDEN  
Name (Printed or typed)

157 MAHOGANY BAY DRIVE  
Address

ST JOHNS, FL 32259  
City, State & Zip

904-657-15633  
Daytime Telephone number

DR.WYDEN@ZENWARWELLNESS.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

H 20000431403 3

**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: ZENWAR WELLNESS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
157 MAHOGANY BAY DRIVE  
ST JOHNS, FL 32259

Mailing address, if different is:  
157 MAHOGANY BAY DRIVE  
ST JOHNS, FL 32259

**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: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RENEE GARCIA WYDEN Name and Title: PRESIDENT

Address: 157 MAHOGANY BAY DRIVE Address: ST JOHNS, FL 32259

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

H20004314033

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: LAMADRID FINANCIAL SERVICES CORP  
Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: RENEE GARCIA WYDEN  
Address: 157 MAHOGANY BAY DRIVE  
ST JOHNS, FL 32259

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/17/2020 (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*

ALEXIS LAMADRID

12/17/2020

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.*

RENEE GARCIA WYDEN

12/17/2020

Required Signature/Incorporator

Date