

5/1/2021

P210 00000000814

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:
Account Name : LUPA ENTERPRISES INC
Account Number : 120200000050
Phone : (727)560-0307
Fax Number : (727)914-5090

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

Email Address: INFO@USACORPORATIONSERVICES.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Bionok Healthcare Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

COVER LETTER

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

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

[illegible]

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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: Bionok Healthcare Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 CLEVELAND ST. STE 393 Off 203
CLEARWATER, FL 33755

Mailing address, if different is:

SAME OF PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Comex

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Veronica Lomazzi, Vpte Name and Title: Oscar Barrera Mirez, Pte.

Address C\ Padre Cesareo Garcia, 70 - Address: C\ Padre Cesareo Garcia,
45223 Seseña (Toledo) España 70 - 45223 Seseña (Toledo) España

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: Lupa Enterprises Inc. Luciana Mordini
Address: 600 CLEVELAND ST. STE 393.
CLEARWATER, FL 33755

21 JAN -6 PM 6:41
CLERK OF COURT
CLERK OF COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luciana Mordini
Address: 1020 Pine Brook DR
CLEARWATER, FL 33755


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Lupa Enterprises Inc. Luciana Mordini  01/05/2021
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.

Luciana Mordini  01/05/2021
Required Signature/Incorporator Date