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Tc: 18506176381

1/12/2021

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	Division of C	orporations	
	Fax Number	: (850)617-6381	
rom:			
	Account Name	: VCORP SERVICES, LLC	
	Account Numbe	r : 120080000067	
	Phone	: (845)425-0077	:
	Fax Number	: (845)818-3588	; - ; ;

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION BIOTANICS INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME BIOTANICS INC

ARTICLE II PRINCIPAL OFFICE Principal street address

Mailing address, if different is:

926 SAXON BLVD

ORANGE CITY, FL 32763

926 SAXON BLVD

ORANGE CITY, FL 32763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200

	stock is:		2021
Name and Title	L OFFICERS AND/OR DIRECTORS BENJAMIN WEISS, PRESIDENT	Name and Title:	· · · · · ·
Address	926 SAXON BLVD ORANGE CITY, FL 32763		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	,
Address		Address:	

18506176381	Page: 3 of 3	2021-01-12 22:38:02 GMT	18886118813	From: Vcorp Services,
		Name a		
<u>ARTIC</u> The <u>na</u> Name:	BENJAMIN WEI	(P.O. Box NOT acceptable) of the regis	stered agent is:	
Address:	ss: 926 SAXON BLV ORANGE CITY, J			2021 J 1
<u>ARTIC</u>	CLE VII INCORPORATOR			
The <u>na</u>	imeand address of the Incorpor	ator is:		
Nar	me:	EISS		9; 50
A	ddress: 926 SAXON ORANGE CI1			
		1. FL 32/03		

ARTICLE VIII EFFECTIVE DATE:

۰.

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 business days prior or 90 business days after the filing.)

<u>Note:</u> 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

Blayform West	01/12/2021
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.

Barjon Wes

01/12/2021

Date

Required Signature/Incorporator

E & F ACCOUNTING GROUP LLC

Phone:9543848565Fax:9543855175

FAX

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To:	18506176381	From:	DIEGO FIGUEROA
Re:		Date:	01/12/2021

1820 N Corporate Lakes Blvd, WESTON, FL 33326

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