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	To:			_		
		Division of Corporations	يک	2021		
		Fax Number : (850)617-6381	, c	1 FEB		
σ	From:		25 E.	8		
	12.1	Account Name : All ACCOUNTING SERVICES, INC.	ASSE	22		
<b>(</b> )		Account Number : I20110000092		·		
<u> </u>		Phone : (305)448-9584	• • • •	7		
		Fax Number : (305)448-9569	= 0.	PH 12: 54		
2			are Bres	U		
r	**Enter the email address for this business entity to be used for future					
Ĺ,	annual report mailings. Enter only one email address please.**					
202	Email Address:					

## FLORIDA PROFIT/NON PROFIT CORPORATION DELTA 8 BIOCEUTICALS CORP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

FEB 2 3 2021

T. SCOTT

## **COVER LETTER**

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

SUBJECT: Delta & Bioceuticals Corp.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUKETX)						
(PROPOSED CORPORA)	TE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:					
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy & Certificate of Status					
ADDITIONAL COPY REQUIRED						
FROM: Mohammad Yousef. Name (Printed or typed)						
1416 NE 82 AVE						
DORAL FL 33126  City, State & Zip						
305-448- Daytime Te	-9584 lephone number					
Jabbourandasse E-mail address: (to be used)	ociates bamail com for future annual report motification)					

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)

The name of the corp	ME oration shall be: Delta 8	Bioceutica	1s Chan
ARTICLE II = PRI	NCIPAL OFFICE Principal street address AV  33126		ddress, if different is:  32 AYC  EL 33126
ARTICLE III PUR The purpose for whice	ch the corporation is organized is:	<u> </u>	
	IRES  of stock is: \\  CIAL OFFICERS AND/OR DIRECTOR	RS	
	1416 NE 82 A DOPAL, FL 331	VE Address:	
Name and Tit Address	V. President 1416 NE 82	Address:	2821 FE
Name and Tit Address	DORAL, FL 33	Name and Title:	322 PH 12: 52
			•••

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:	
Name: Mohammad Vol	usef	
Address: 1416 NE 82 Av	<u>1e</u>	
DORAL FL 331	26	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	_	
Name: Mohammad You	25 <i>ef</i>	
Address: 1416 NE 82 A	we.	
DORAL, FL 3312	<u>'_(p</u>	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific an filing.)	. (OPTIONAL)  Id cannot be more than five days prior or 90 days after the	
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed as records.	
Having been named as registered agent to accept service of p certificate, I am familiar with and accept the appointment as	process for the above stated corporation at the place designated in this pregistered agent and agree to act in this capacity	
X Mo ha mmad The Required Signature/Registered Ag	2/22/21	
I submit this document and affirm that the facts stated her	rein are true. I am aware that the false information submitted in a	
Accument to the Department of State constitutes a third degree Mohama & Money Required Signature Incorporator	Date Date	