

**PAI 000025059**

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.

((H21000112723 3)))



H210001127233ABCT

**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 : IMPROVED REVENUE SERVICE INC  
Account Number : 120190000119  
Phone : (786)552-2905  
Fax Number : (786)733-1744

**\*\*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  
LARGA VIDA COMMUNITY WELLNESS CENTER INC**

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

*JLK 3/23/21*

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H21000112723 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: LARGA VIDA COMMUNITY WELLNESS CENTER INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

330 SW 27TH AVE STE 307  
MIAMI, FL 33135

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

## 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: 100 SHARES AT \$1.00 PAR VALUE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLEYDEN A ARAMOS / PRESIDENT

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

Address 1273 W 51ST PL

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

HIALEAH, FL 33012

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

((H21000112723 3)))

2021 MAR 22 PM 4:38  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

((H21000112723 3)))

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: GLEYDEN A RAMOS

Address: 1273 W 51ST PL

HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GLEYDEN A RAMOS

Address: 1273 W 51ST PL

HIALEAH, FL 33012

2021 MAR 22 PM 4:38  
RECEIVED  
FILING OFFICE  
TALLAHASSEE, FL 32304


**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*

<u></u>	<u>03/19/2021</u>
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.*

<u></u>	<u>03/19/2021</u>
Required Signature/Incorporator	Date

((H21000112723 3)))