

P210000048820

Florida Department of State
Division of Corporations
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Division of Corporations
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****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
OLYMPUS MEDICAL WELLNESS CENTER, CORP.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: OLYMPUS MEDICAL WELLNESS CENTER, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

468 NW 27 AVEMIAMI, FL 33125**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL 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: Yakelin Gil Rodriguez, PresidentName and Title: Lisandra Torres, Vice PresidentAddress: 468 NW 27 AVEAddress: 468 NW 27 AVEMIAMI, FL 33125MIAMI, FL 33125Name and Title: Carlos Alberto Alsina Morfa, Secretary

Name and Title: _____

Address: 468 NW 27 AVE

Address: _____

MIAMI, FL 33125

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carlos Alberto Alsina Morfa
Address: 468 NW 27 AVE
MIAMI, FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Carlos Alberto Alsina Morfa
Address: 468 NW 27 AVE
MIAMI, FL 33125

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



Required Signature/Registered Agent05-20-2021
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.817.135, F.S.



Required Signature/Incorporator05-20-2021
Date

2021 MAY 21 AM 10:08