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.

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To:				
	Division of Corporations		~	
	Fax Number	: (850)617-6381		
From:			-	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number			
	Phone	: (305)552-5973	•	
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	er the email addr annual report ma: Email Address:	ress for this business entity to be used for fillings. Enter only one email address please.**	uture	

FLORIDA PROFIT/NON PROFIT CORPORATION LIFE MEDICAL WELLNESS CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:
Lite Medical Wellness center Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 12347 SW 132CT
Miami, Florida 32 186
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Victor E. Martinez (P) =
• • •
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
17000 SW 93"ST APT 11-306
Miam, 15/0009 33/96
VICTOR E. MATTINEZ
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
17000 SW 12 ST AT 11200
MIGMI HUNGG 33196
VICTOR E. MARTINEZ

Required Signatures:

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

Registered Agent 6/35

I submit this document and affirm that the facts stated herein are time. 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.

Incorporator

Date

2021 JUN 25 PS 4: