P21000065069

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



07/15/21--01902--022 **70.00

SECRED OF STATE

2921 JUL 15 KH 10:

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassec, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
ХХ	РНОТОСОРУ	
	CUS	
xx	FILING	ARTICLES
	HEALTH ERA SUPPLE	
(CORPORATE NAME AND DOCU	MENT #)
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COVER LETTER

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

SUBJECT: H	lealth Era Supole	MENTS IN	ζ.			
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	d a check for:			
□ \$70.00 Filing Fe		□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL COPY REQUIRED				
FROM:	Josely N Name	(Printed or typed)				
9954 (COSA) FALT Blun Address						
	CUNAL Springs, F	33065 State & Zip				
	CUNAL Spn: NGS, FL 33065 City, State & Zip GSU-278- 4286 Daytime Telephone number					
E-mail address: (to be used for future annual report notification)						
` E-mail address: (to be used for future annual report notification)						

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)

Principal street address	ı' Ma	Mailing address, if different is:		
SY ROYAL PAM BIVE		watting address, it different is.		
onal Spn: mgs, fl 33065				
purpose for which the corporation is organized is:	PM FUII	pus; Nell		
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	#27 P43	
		<u> </u>	JUE -	
		\$ 2. 2. 2.	 	
		<u>~</u>		
number of shares of stock is: 100,000		E, FL	AM 10: 05	
number of shares of stock is: 100,000 TICLE V INITIAL OFFICERS AND/OR DIRECTORS	- 	S FAIE	i0: 05	
Name and Title: 505 615 N Bulsu - 9		S FAIE	i0: 05	
number of shares of stock is: 100,000 TICLE V INITIAL OFFICERS AND/OR DIRECTORS	Address:	S FAIE	0: 05	
Name and Title: JOSELY N BUCSU - S Address 9954 ROSOL POLO BIV	Address:	S FA FE		
Name and Title: JOSELY N BUCSU - S Address 9954 ROYAL PAIN BILL CUMA I Springs, F1 33	Address:	S FA FE		
number of shares of stock is:	Address: Oし Name and Title: Address:	STATE E. FL		
Name and Title: Name and Title: Source Source Source	Address: Name and Title: Name and Title:	STATE E. FL		

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI_				
The name and	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Juselyn Bueso			
Address:	9954 ROYAL PAIM BIL	D		
	9954 Royal PAIM BILL CORA I Springs, Fl 33	065	2721 JUL SECIVET	
<u>ARTICLE VII</u>	INCORPORATOR		TIANA TIL 15	
The name and	address of the Incorporator is:		AR A III	
Name:	Joselyn Bueso		L IS AMID: 05 DAM OF STATE AHABSEE, FL	
Address:	9954 ROYAL PAIM BI		05 FATE	
	Conal Springs, Fl 331	265		
Effective date,	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	4	
(If an effective filing.)	e date is listed, the date must be specific and canno	t be more than five days prior or 90	days after the	
	ste inserted in this block does not meet the applicable seffective date on the Department of State's records.	statutory filing requirements, this date	will not be listed as	
Having been no certificate, I an	amed as registered agent to accept service of process for familiar with and accept the appointment as registers	r the above stated corporation at the pi ed agent and agree to act in this capaci	ace designated in this ity	
	Buerd	7 .	· 1~ - 51	
	Required Signature/Registered Agent		Date	
I submit this d	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony			
	Bruff tyre/Incorporator		-14-21	
Required Signa	ture/Incorporator	Date		