

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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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
INITIUM WELLNESS INC

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

AUG 20 2021

SCCT

2021-08-20 10:29

2021-08-19 10:44:36

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

INITIUM WELLNESS INC

ARTICLE II. PRINCIPAL OFFICE:

The principal street address and mailing address is:

13380 SW 131 STREET STE 114 MIAMI, FL 33186

ARTICLE III **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MEAGHAN AMANDA CARO (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MEAGHAN AMANDA CARO

13380 SW 131 STREET STE 114 MIAMI FL 33186

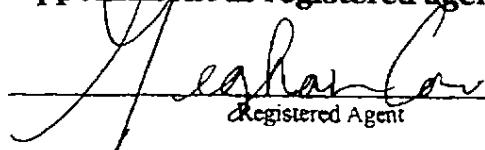
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

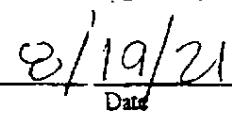
MEAGHAN AMANDA CARO

13380 SW 131 STREET STE 114 MIAMI FL 33186

Required Signatures:

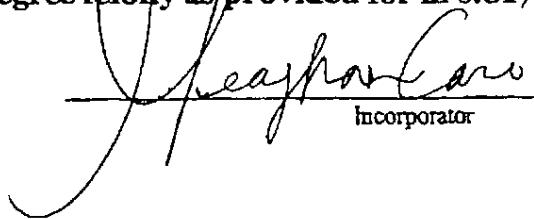
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Leah L. Carr
Registered Agent

2/19/21
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.



Leah L. Carr
Incorporator

2/19/21
Date