

P22000060070

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 : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
RADOW'S HEALING PRODUCTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COMMERCIAL

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De

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:

RADOWS HEALING PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

232 Cypress Hillway

Deland, FL 32724

Mailing address, if different is:

232 Cypress Hillway

Deland, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Supplier of OTC Products

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laurence Brenner - Director

Address: 232 Cypress Hillway
Deland, FL 32724

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Laurence Brenner

Address: 232 Cypress Hillway

Deland, FL 32724

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Laurence Brenner

Address: 232 Cypress Hillway

Deland, FL 32724

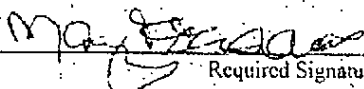
ARTICLE VIII EFFECTIVE DATE:

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 Agent

7/27/22
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.

Ana Maissonave
Required Signature/Incorporator

07/27/2022
Date

2022 JUL 28 AM 2:28