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SECRETARY OF STATE
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22 SEP 12 PM 3:19

FILED

September 2, 2022

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

SUBJECT: Better Life Medical Clinic, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

To Whom It May Concern:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees and Fee for Registered Agent Designation for the above named corporation.

FROM: **Victor Faltas**
Individual's Name

1704 State Road 44
Address

New Smyrna Beach, FL 32168
City, State & Zip

(985) 774-0164
Daytime Telephone Number

viconathan@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

22 SEP 12 PM 3:09

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ARTICLES OF INCORPORATION

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

ARTICLE I - CORPORATE NAME

The name of the corporation shall be:

Better Life Medical Clinic, Inc.

ARTICLE II - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS: 1704 State Road 44

CITY: New Smyrna Beach

STATE: FL

ZIP: 32168

Mailing address, if different

STREET ADDRESS: *Same as above*

CITY:

ZIP:

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - SHARES

The corporation is authorized to issue 100 shares of common stock.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: Victor Faltas

ADDRESS: 1324 Osprey Nest Lane

CITY: Port Orange

STATE: FL

ZIP: 32128

NAME: Nancy Nathan

ADDRESS: 1324 Osprey Nest Lane

CITY: Port Orange

STATE: FL

ZIP: 32128

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

22 SEP 12 PM 3:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE VI - REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

NAME:	Victor Faltas		
ADDRESS:	1704 State Road 44		
CITY:	New Smyrna Beach	STATE: FL	ZIP: 32168

ARTICLE VII - INCORPORATOR

The names and address of the incorporators signing these Articles of Incorporation are as follows:

NAME:	Victor Faltas		
ADDRESS:	1704 State Road 44		
CITY:	New Smyrna Beach	STATE: FL	ZIP: 32168

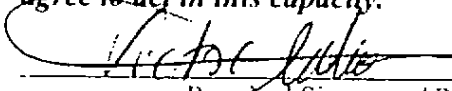
ARTICLE VIII - EFFECTIVE DATE

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

9/2/2022

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.



Required Signature / Incorporator

9/2/2022

Date

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22 SEP 18 PM 8:19
CLERK OF THE
DEPARTMENT OF
STATE

ARTICLES OF INCORPORATION

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

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STATE: FL

ZIP: 32168

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CITY:

ZIP:

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NAME:	Victor Faltas		
ADDRESS:	1324 Osprey Nest Lane		
CITY:	Port Orange	STATE: FL	ZIP: 32128
NAME:	Nancy Nathan		
ADDRESS:	1324 Osprey Nest Lane		
CITY:	Port Orange	STATE: FL	ZIP: 32128
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:

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22 SEP 12 PM 3:09
SECRETARY OF STATE
ALLAHABAD, INDIA

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The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

NAME:	Victor Faltas		
ADDRESS:	1704 State Road 44		
CITY:	New Smyrna Beach	STATE: FL	ZIP: 32168

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CITY:	New Smyrna Beach	STATE: FL	ZIP: 32168

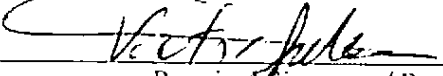
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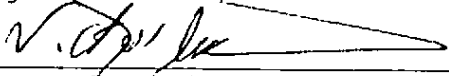


Required Signature / Registered Agent

9/2/2022

Date

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Required Signature / Incorporator

9/2/2022

Date

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SECRETARY OF STATE
FLORIDA

FILED