

Division of Corporations

**P22000083326**

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JABBASH LLC  
Account Number : I20220000113  
Phone : (407)434-0012  
Fax Number : (321)577-1025

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: BlessedTeamInfo@protonmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALL WELLNESS PROJECTS, CORP.**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

2022 NOV -2 PM 4:39

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**COVER LETTER**

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

**SUBJECT: ALL WELLNESS PROJECTS, CORP.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **JABBASH LLC**  
Name (Printed or typed)  
**3321 S ORANGE BLOSSOM TRAIL #206**  
Address  
**Kissimmee, FL 34746**  
City, State & Zip  
**407-434-0012**  
Daytime Telephone number  
**BlessedTeaminfo@protonmail.com**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

(((H22000375632 3)))

**ARTICLES OF INCORPORATION**

((H22000375632 3)))

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

**ARTICLE I NAME**

The name of the corporation shall be:

**ALL WELLNESS PROJECTS, CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

1431 SIMPSON RD # 2577

KISSIMMEE, FL 34744-4604

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

**Lesbia Segura, M**

Name and Title:

Address

**1431 SIMPSON RD # 2577**

Address:

**KISSIMMEE, FL 34744-4604**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Lesbia Segura  
Address: 3321 S ORANGE BLOSSOM TRAIL #206  
Kissimmee, FL 34746

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Lesbia Segura  
Address: 3321 S ORANGE BLOSSOM TRAIL #206  
Kissimmee, FL 34746

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: November 2, 2022 (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

November 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

November 2, 2022  
Date