Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000409339 3)))



H220004093393ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 BLL OPTIMUM MEDICAL WELLNESS CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

EFFECTIVE Date 1/1/23
ARTICLE 1 NAME: The name of the corporation is:

BU	OPTIMUM MEDICAL	Wellness Center in	<u>-</u>
			

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 18131 S W 139Th Court Kljami + 233	17.7
	
ARTICLE III SHARES: The number of shares of stock is:	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	_ \
Barbarito Armanio Borges Loret de Mola.	(VP)
	. :
	· · · · · · · · · · · · · · · · · · ·
The name and Florida street address (PO Box not acceptable) of the regis	
Barbarito Armando Borges Loret de Mol 18131 SW 139TA Court Xliami FL 331-	a
18131 SW 13971 Court Xliami FL 33/2	<u> </u>
ARTICLE VI INCORPORATOR: The name and address of the In	corporator is:
Barbarito Armando Borges Loret de Mola 18131 SW 1397 Court Miami FL 331	7-)

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 familial with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 12-5-2022.
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.