

P23000000521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

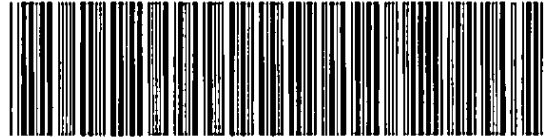
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/28/2022 11:54:42 AM

2022 DEC 28 PM 5:42  
FBI APASSPT UNIT

FILED

D. O'KEEFE

JAN - 5 2023

## COVER LETTER

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

SUBJECT: Triple M Health and Wellness INC  
(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: Ann Stromquist  
Name (Printed or typed)

2700 W Cypress Creek Road, Ste D104  
Address

Fort Lauderdale FL 33309  
City, State & Zip

954-368-6670  
Daytime Telephone number

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

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

**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: TRIPLE A Health and Wellness Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2700 W Cypress Creek Road Ste 200  
Fort Lauderdale FL 33309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: provide health wellness information

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Joseph Moran Name and Title: Director

Address: 2616 West Clark Road Address: \_\_\_\_\_  
Tampa, FL 33629

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2022 DEC 28 PM 5:42  
CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FL

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: Joseph Moran  
Address: 3616 West Clark Circle  
Tampa, FL 33629

2022 DEC 28 PM 5:42  
CLERK OF COURT  
HALL OF RECORDS  
TAMPA, FL 33603

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ann Stromquist  
Address: 2700 W Cypress Creek Rd Ste 0104  
Fort Lauderdale FL 33307

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/15/2022 (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.



Required Signature/Registered Agent

I have stated corporation at the place designated in this  
and agree to act in this capacity

12/15/2022  
/ / 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.

Ann Stromquist  
Required Signature/Incorporator

Date 12/15/2022

12/15/2022

Florida Department of State

Re: Triple M Health and Wellness Inc

P21000091361

We do not intend any further use of the above LLC. And will not be reinstating it.

We hereby release the name.

Regards,

A handwritten signature in black ink, appearing to read 'J. P. Moran', with a long horizontal flourish extending to the right.

Joseph P Moran

President