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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION VILLAS HEALTH AND WELLNESS WELLINGTON INC.

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Help

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

ARTICLE I NAMEThe name of the corporation shall be: VILLAS HEALTH AND WELLNESS WELLINGTON INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10240 FOREST HILL BLVD., STE 17010240 FOREST HILL BLVD., STE 170WELLINGTON, FL 33414WELLINGTON, FL 33414**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALBERTO L. NUNEZ PINA – P

Name and Title: _____

Address: 10240 FOREST HILL BLVD., STE 170

Address: _____

WELLINGTON, FL 33414Name and Title: MANUEL ALIRIO RIVAS CONTRERAS -VP

Name and Title: _____

Address: 10240 FOREST HILL BLVD., STE 170

Address: _____

WELLINGTON, FL 33414Name and Title: NATHALEE DE ARMAS - S

Name and Title: _____

Address: 10240 FOREST HILL BLVD., STE 170

Address: _____

WELLINGTON, FL 33414

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| _____ | _____ |
| _____ | _____ |

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

Name: ALBERTO L. NUNEZ PINA

Address: 10240 FOREST HILL BLVD., STE 170
WELLINGTON, FL 33414

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALBERTO L. NUNEZ PINA

Address: 10240 FOREST HILL BLVD., STE 170
WELLINGTON, FL 33414


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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*


 Alberto (Feb 28, 2023 15:35 EST)

Required Signature/Registered Agent

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.


 Alberto (Feb 28, 2023 15:35 EST)

Required Signature/Incorporator

Date