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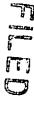
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FLORIDA PROFIT/NON PROFIT CORPORATION HEALTH DEPOT OF DORAL INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

	ration shall be: HEALTH DEPOT OF			
FICLE II PRINCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:		
00 NW 85th A	AVE UNIT 603	5300 NW 85th A	VE UNIT 603_	
)RAL, FL 331	.66	DORAL FL 331	DORAL FL 33166	
				
FICLE III PUR purpose for which	<u>POSE</u> h the corporation is organized is: <u>ANY AN</u>	D ALL LAWFUL BUSIN	ESS	
			·	
				
ICLE IV SHA	RES			
TCLE IV SHA	RES of stock is: SHARES: 100 @ \$1.00			
number of shares	of stock is: SHARES: 100 @ \$1.00			
number of shares	of stock is: SHARES: 100 @ \$1.00	Name and Title:		
number of shares	tic: ALLAN GUTIERREZ - P			
number of shares of shares of the share of the share and Ti	tic: ALLAN GUTIERREZ - P 5300 NW 85th AVE UNIT 603	Address:		
number of shares of shares of the share of the share and Ti	tic: ALLAN GUTIERREZ - P 5300 NW 85th AVE UNIT 603 DORAL, FL 33166	Address:		
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Name and	Title:	Name and Title:	
Address		Address:	
ADTICLEUL D	EGISTERED AGENT		
	ridu street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ALLAN GUTIERREZ		
Address:	5300 NW 85th AVE UNIT 603	_	
	DORAL, FL 33166		
		•	
ARTICLE VII I	<u>NCORPORATOR</u>		
The name and add	lress of the Incorporator is:		
Name:	ALLAN GUTIERREZ		
Address;	5300 NW 85th AVE UNIT 603	-	
	DORAL, FL 33166		
ADTICLEUM	CERNETUE DATE.		
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)	
(If an effective da filing.)	to is listed, the date must be specific and canno	t be more than five days prior o	r 90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this	date will not be listed as
	d as registered agent to accept service of process fo miliar with and accept the appointment as registere		
lal Alla	n Getierrez		
	Required Signature/Registered Agent	 	Date
	ment and uffirm that the facts stated herein are epartment of State constitutes a third degree felony		
/s/ Allan Required Signature	Gidierrez		
Required Signature	Theorporator (Date	
			2023 I

COSMAY 31 PH 1: 19