

To:

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2023-07-13 19:19:56 GMT

1305328-4774

From: Yanet Avila

7/13/23, 3:02 PM

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MINDFUL AWARENESS INC

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MINDFUL AWARENESS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

12591 SW 134 CT STE 104 MIAMI, FL 33186**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUZLYZAA VELAZQUEZ (P)

Name and Title: _____

Address 12591 SW 134 CT STE 104

Address: _____

MIAMI, FL 33186Name and Title: DAYRON RODRIGUEZ (VP)

Name and Title: _____

Address 12591 SW 134 CT STE 104

Address: _____

MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FALL AND SSI - 10:11

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: LUZLYZAA VELAZQUEZAddress: 12591 SW 134 CT STE 104MIAMI, FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUZLYZAA VELAZQUEZAddress: 12591 SW 134 CT STE 104MIAMI, FL 33186**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**Luzlyzaa Velazquez*

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.**Luzlyzaa Velazquez*

Required Signature/Incorporator

Date

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FALL HAVEN, FL 33414