

Electronic Articles of Incorporation For

**P23000074045
FILED
October 13, 2023
Sec. Of State
klovelace**

OPTIMA HEALTH INSTITUTE, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

OPTIMA HEALTH INSTITUTE, INC

Article II

The principal place of business address:

118 E JEFFERSON STREET
SUITE 205
ORLANDO, FL. US 32801

The mailing address of the corporation is:

118 E JEFFERSON STREET
SUITE 205
ORLANDO, FL. US 32801

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1

Article V

The name and Florida street address of the registered agent is:

CORLIS Y OLIVER
118 E JEFFERSON STREET
SUITE 205
ORLANDO, FL. 32801

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: CORLIS Y OLIVER

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Article VI

The name and address of the incorporator is:

CORLIS Y OLIVER
118 E JEFFERSON STREET
SUITE 205
ORLANDO, FL 32801

Electronic Signature of Incorporator: CORLIS Y OLIVER

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CEO
CORLIS Y OLIVER
118 E JEFFERSON STREET SUITE 205
ORLANDO, FL. 32801 US

Article VIII

The effective date for this corporation shall be:

10/13/2023


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AFFIDAVIT OF INTENTION TO RELEASE BUSINESS NAME

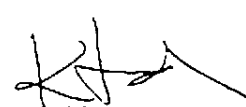
I, Corlis Y. Oliver, residing at 2236 Summer Raye Court, Saint Cloud, Florida 34772, being of lawful age and sound mind, do hereby depose and affirm the following:

1. I am the owner and authorized representative of the business entity known as **OPTIMA HEALTH INSTITUTE, INC.**
2. I hereby solemnly affirm and declare my intention to release the business name **OPTIMA HEALTH INSTITUTE, INC.**
3. The business name **OPTIMA HEALTH INSTITUTE, INC.** is released to make it available for use in a new business filing.
4. I undertake to comply with all the necessary legal requirements and processes to effectuate the release of the business name **OPTIMA HEALTH INSTITUTE, INC.** for a new business filing.

IN WITNESS WHEREOF, I have executed this affidavit on this 4th day of October 2023.


CORLIS Y. OLIVER

Sworn and subscribed before me on this 4th day of October 2023.


[Notary Public Signature and Seal]



NATALIA LABALLOS
Notary Public
State of Florida
Comm# HH331154
Expires 11/13/2026