

11/14/23, 9:37 AM

Division of Corporations

**P2300080024**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PROPER HEALTH AND WELLNESS INC**

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

FILED  
2023 NOV 14 PM 6:05  
SECTION 3  
TALLAHASSEE

T-5.14

11/15/23

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Corporate Filing Menu

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**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: PROPER HEALTH AND WELLNESS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1 SW 129TH AVE UNIT 1052809 OAK PARK CIRCLEPEMBROKE PINES, FL 33027DAVIE, FL 33328**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAYHANA PENA SANTIAGO, PRESIDENT

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

Address 2809 OAK PARK CIRCLE

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

DAVIE, FL 33328

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

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

Address \_\_\_\_\_

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

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

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

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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAYHANA PENA SANTIAGO  
 Address: 2809 OAK PARK CIRCLE  
 DAVIE, FL 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAYHANA PENA SANTIAGO  
 Address: 2809 OAK PARK CIRCLE  
 DAVIE, FL 33328

**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*

/s/ DAYHANA PENA SANTIAGO

11/03/2023

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.*

/s/ DAYHANA PENA SANTIAGO

11/03/2023

Required Signature/Incorporator

Date

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 11/03/2023