

P24000005677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

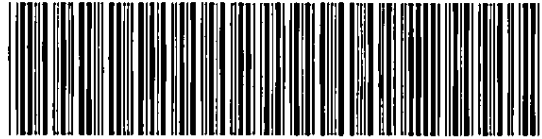
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TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Wholeness AI Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Christopher Reid
Name (Printed or typed)
400 South Pointe Dr. Apt 2405
Address
Miami Beach, FL 33139
City, State & Zip
305-775-3340
Daytime Telephone number
christophermreid.cr@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Wholeness AI Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 South Pointe Dr. Apt 2405
Miami Beach, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Wholeness AI Inc. is in business to leverage cutting-edge technology in artificial intelligence, data analytics, and web development to offer personalized supplement recommendations.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher M. Reid Name and Title: _____

Address: Director Address: _____

400 South Pointe Dr. Apt 2405

Miami Beach, FL 33139

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Christopher M. Reid
Address: 400 South Pointe Dr. Apt 2405
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jonathan M. Reid
Address: 113 Conifer Ct.
Inlet Beach, FL 32461

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


Required Signature/Registered Agent

1/24/24
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.


Required Signature/Incorporator

1/24/24
Date