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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973

: (305)675-5944 Fax Number

\*\*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 SOLUDE WELLNESS INC.

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

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Corporate Filing Menu

Help

J. J. H 3/19/24

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	-
Solude Wellness Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
- PINECIPST, Flonda 33/56	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: NIU/KA SUVIEL - President	
SE SE	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	T
The name and Florida street address (PO Box not acceptable) of the registered agent is	
6505 Waterford District Dr. Suite	130
Hiami, Florida 33126	~
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
- UIVIRU SURIE	
- (0/9/ SW /06/11 S/18et	
FILLUICOL, TIUNICA PALACO	

## Required Signatures:

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

Registered Agent

3-4-24

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.817.455, F.S.

Incorrection

3 - 4-24

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SECRETAIN OF STATE