Florida Department of State

Division of Corporations

P24000067935

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000366443 3)))

H24000366443 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GM FINANCIAL TAX & ACCOUNTING GROUP PLLC
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: EJSALAZAR640@OUTLOOK.COM

RECEIVED
2024 NOV -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
A CELESTIAL CALM INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

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: A CELESTIAL CALM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1121 S MILITARY TRAIL
#195
DEERFIELD BEACH, FL 33442

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS ASSOCIATED WITH TESTS, STUDIES AND DIAGNOSIS OF SLEEP DISORDERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENISE M. SCHULTZ, PRES.

Address: 303 Hibiscus Drive
DeerfieldBeach FL 33442

Name and Title:

Address:

Name and Title: EDWARD SALAZAR, VP

Address: 9100 NW 32 STREET
CORAL SPRINGS, FL 33065

Name and Title:

Address:

Name and Title:

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: Denise M Schultz

Address: 1121 S MILITARY TRAIL
#195
DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Denise M Schultz

Address: 1121 S MILITARY TRAIL
#195
DEERFIELD BEACH, FL 33442

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

Denise M Schultz 11-1-24

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.

Denise M Schultz 11-1-24

Required Signature/Incorporator Date