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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
YOSCO WELLNESS CO

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Nosco Wellness Co
(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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Stephanie Scheinman, EA
Name (Printed or typed)

3107 Peachtree Cr
Address

Davie, FL 33328
City, State & Zip

305-799-0064
Daytime Telephone number

Stephanie@dmscpa.net
E-mail address: (to be used for future annual report notification)

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

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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: Yosco Wellness Co

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1300 S Miami Ave #1101

Mailing address, if different is:

Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit corporation
with sales in the wellness space.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natalia Yosco, D+P

Name and Title:

Address 1300 S Miami Ave

Address:

1101

Miami, FL 33130

Name and Title: John Yosco, D

Name and Title:

Address 1300 S Miami Ave

Address:

1101
Miami, FL 33130

Name and Title:

Name and Title:

Address

Address:

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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: Stephanie Scheinman, EA
 Address: 3107 Peachtree Cir
Davie, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Scheinman, EA
 Address: 3107 Peachtree Cir
Davie, FL 33328

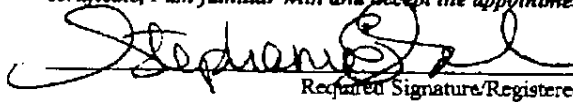
ARTICLE VIII EFFECTIVE DATE:

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.)

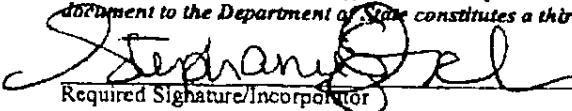
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


 Required Signature/Registered Agent

12-18-24
 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

12-18-24
 Date

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