## Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) \*\*\*\*\*70.00 \*\*\*\*\*70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □\$122.50 \$131.25 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Daytime Telephone number KUTHORIZATION BY PHONE TO

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

COC. EXAM

## ARTICLES OF INCORPORATION

P.O. BOX 705

Signature/Incorporator

The undersigned incorporator, for the purpose of forming a corporation under the Florida  Purisage Corporation Act benefit adopte the full spine of the second state o		
Business Corporation Act, hereby adopts the following Articles of Incorporation.	TA Si	<b>60</b>
ARTICLE I NAME	L'S	98
The name of the corporation shall be:	F	<b>É</b> .
Habenula, INC.	SSE	8
	F-0	-
	)F STATE , FLORIDA	3 至
ARTICLE II PRINCIPAL OFFICE		Ë
The principal place of business and mailing address of this corporation shall be:	DA Fi	<u></u>
2336 S.E. Ocean Blud, ste. 140		0,
Stuart, F1. 34996.		
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding at ar	ny one tin	ne is:
10,000 Capital Stock	•	
	•	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRI	<u>ess</u>	
The name and Florida street address of the initial registered agent are:		
Juanita Lee Zanalis		
2336 52 Ocean Blvd., Ste. 140		

The name and address of the incorporator to these Articles of Incorporation are:

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date