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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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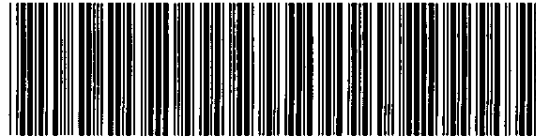
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 11/25/08

**COVER LETTER**

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

**SUBJECT:** Healthy Lifestyle-Longer Life Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Ardith Clayton-Wright  
Name (Printed or typed)

8901 NW 24th Place  
Address

Sunrise, Florida 33322  
City, State & Zip

954.588.9103  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION** In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Healthy Lifestyle-Longer Life, *INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

8901 NW 24th Place, Sunrise, Florida 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To make needed healthcare services portable, accessible and affordable to all sector of South Florida, focusing on prevention, prophylaxis and rehabilitative services.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The founding board members listed below will elect new board members. After that the board will elect new board members according to Florida law.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Ardith Clayton-Wright, President, 8901 NW 24th Place, Sunrise, Florida 33322

Mary Flynn, Secretary, 8508 NW 77 Street, Tamarac, Florida 33321

Everard Rooft, Treasurer, 3350 Ivy Way, Miramar, Florida, 33025

Judith Gomez, Director, 5201 SW 196 Lane, Fort Lauderdale, Florida, 33331

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Florida Association of Nonprofit Organizations, 7480 Fairway Drive, Suite 206, Miami Lakes, FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Ardith Clayton-Wright, President, 8901 NW 24th Place, Sunrise, Florida 33322

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*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.*

Signature/Registered Agent Date *Mary Flynn*, M.S. November 15, 2008

Signature/Incorporator Date *Ardith Clayton-Wright* November 15, 2008

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