

P04 000,61543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

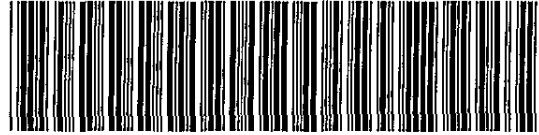
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800042593318

11/30/04--01045--018 \*\*79.75

FILED  
04 NOV 30 PM 12:53  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
04 NOV 30 AM 10:48  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

12-21-04  
D

L

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. HEALTHY GROUP OF MIAMI INC.  
 (Corporation Name) (Document #)
- 2. \_\_\_\_\_  
 (Corporation Name) (Document #)
- 3. \_\_\_\_\_  
 (Corporation Name) (Document #)
- 4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy.
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED

04 NOV 30 PM 12: 53

STATE OF FLORIDA  
FALL ALABAMA

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

Healthy group of miami, inc.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2702 S.W 143 AVE  
Miami, FL 33175

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nancy Sanchez  
2702 SW 143 AVE  
Miami, FL 33175

ARTICLE V - INCORPORATOR

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

Nancy Sanchez.

Maria Eugenia Sosa.

2702 SW. 143 AVE Miami, FL 33175  
The undersigned incorporator has executed these Articles of Incorporation this 29 day of NOVEMBER 2004.

  
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

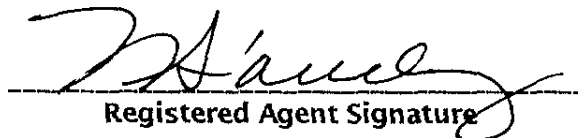
PRESIDENTE: Nancy Sanchez.

2702 SW 143 AVE.  
Miami, FL 33175

VICE PRESIDENTE: Maria Eugenia Sosa  
13237 NW 4 TERR.  
Miami, FL 33182

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature