

P/5000018525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

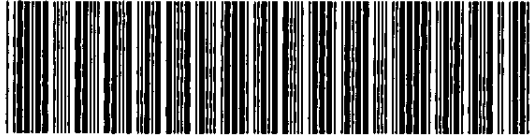
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 FEB 23 AM 8:30

*K 02/26/15*

**COVER LETTER**

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

**SUBJECT:** 2 Be Healthy Inc.

(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:** Janet Galipo

Name (Printed or typed)

333 W 41 STREET, Suite 414

Address

MIAMI, FL 33140

City, State & Zip

305-538-8998

Daytime Telephone number

janet@janetgalipo.com

E-mail address: (to be used for future annual report notification)

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

**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: 2 Be Healthy Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2251-2253 SW 22nd Street  
Miami, FL 33145

Mailing address, if different is:  
333 W 41 Street  
Suite 414  
Miami Beach, FL 33140

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The purpose of 2 Be Healthy Inc., is to bring  
preventative, restorative, and affordable lifelong holistic health solutions to individuals.  
will bring a combination of treatments and holistic modalities  
as well as Chinese medicine and herbs to help individuals achieve optimum health  
and maintain a healthy lifestyle.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title:	<u>Janet Galipo, Owner</u>	Name and Title:	_____
Address	<u>333 W 41 Street</u>	Address:	_____
	<u>Suite 414</u>		_____
	<u>Miami Beach, FL 33140</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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DIVISION OF CORPORATIONS  
15 FEB 23 AM 8:30

(cont.)

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: Janet Galipo  
 Address: 333 W 41 Street, Suite 414  
Miami Beach, FL 33140

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janet Galipo  
 Address: 333 W 41 Street, Suite 414  
Miami Beach, FL 33140

*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*

Janet Galipo 2/17/2015  
 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.*

Janet Galipo 2/17/2015  
 Required Signature/Incorporator Date