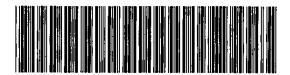
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Healthy Acquisitions Corp. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Irma Norton
Name of Person
Healthy Acquisitions Corn
Firm/Company
22 A Street
Address
Burlington MA 01803
City/State and Zip code
NORTON & UFOOD Grill, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Irma Norton at (617) 787-6000
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Enter name of corporation; frust include "INCO line.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")				12242
If name unavailable in Florida, enter alternate of	orporate name adop	11 280 5	usacting dusiness in Fi	iunua)
State or country under the law of which it is inco	rporated)	(FEI number,	if applicable)	
Oct and acris	5	PERPETU.	VL	*
(Date of incorporation)		ration: Year corp. will c		etual")
Oct 5th 2013				
32 A St Builington		rida, if prior to registration F.S., to determine penalty		
(Curre	nt mailing address)	anahis raw	Ha	
(Purpose(s) of corporation authorized in h	ome state or country	to be carried out in state	of Florida)	
Name and street address of Florida registere	ed agent: (P.O. Be	ox <u>NOT</u> acceptable)		
Name: NRAT Services	Tac	-	A CIT	13 DE
ice Address: 100 South line]	shoold	<u></u>	757	်သ
Pantaira) (City)		, Florida <u>3332</u> L (Zip code)		0 PH 2
Registered agent's acceptance:				 ည်
ving been named as registered agent and to ignated in this application, I hereby accept her agree to comply with the provisions of ies, and I am familiar with and accept the	the appointment all statutes relate	t as registered agent ar ive to the proper and c	id agree to act in the complete performan	iis capaci
By:		-	vices, Inc.	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Richard Golden
Address:
Vice Chairman:
Address:
Director: Beth Mueller
Address:
Audress.
Director: Grea Storm
Address:
ender Co
B. OFFICERS
President: Grad Storm
Address: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Vice President:
Address:
Secretary: Steve Glauberman
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Clechaid Volden
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.
14. Kichard Golden (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTHY ACQUISITIONS CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER,

A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHY ACQUISITIONS CORP." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2013.

13 DEC 3 D PM 2: 37
SLUGGIAGE CHURGE

5408792 8300

131271357

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 0870372

DATE: 11-05-13

You may verify this certificate online at corp. delaware.gov/authver.shtml