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COVER LETTER

**TO: Chief of Bureau of Commercial Recording
Division of Corporations**

SUBJECT:

Good Health Group
(Name of Foreign Unincorporated Association)

Dear Sir or Madam:

The enclosed "Application by Foreign Unincorporated Association for Authorization to Transact Business in Florida," a duly authenticated copy of its written Articles of Unincorporated Association, and a check are submitted to register the above referenced foreign unincorporated association to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Yanagusko Waya
(Name of Person)

Good Health Group
(Firm/Company)

1023 N. Liberty Street
(Address)

Jacksonville, FL 32206
(City/State and Zip code)

For further information concerning this matter, please call:

Yanagusko Waya
(Name of Person)

at 906-402-1177
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Chief of Bureau of Commercial Recording
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Chief of Bureau of Commercial Recording
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN UNINCORPORATED ASSOCIATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 622.03, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN UNINCORPORATED ASSOCIATION TO
TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Good Health Group, INC
(Enter name of Foreign Unincorporated Association)
(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida)
2. Wyoming 3. 47-4395732
(State, Territory, or Possession of U.S.A.) (EIN number, if applicable)
4. Sept. 23, 2015 5. Perpetual
(Date of Organization) (Duration: Year association will cease to exist or enter "perpetual")
6. To be Determined
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1023 N. Liberty Street
Jacksonville, NC 32206
(Principal office address)
- (SAME)
(Current mailing address)
8. Transact Banking Business
(Purpose(s) of unincorporated association authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Yanagisaka Waya

Office Address: 1023 N. Liberty Street
Jacksonville, FL 32206 Florida
(City) (Zipcode)

10. Registered agent's acceptance;

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position registered agent.

Yanagisaka Waya
(Registered Agent's Signature/Autograph)

11. Attached is a copy of the written articles of association 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 Association's records in the jurisdiction, under the law of which it is organized.

12. Names and business addresses of officers and/or directors:

A. Director:

Chairperson: Allen Anderson

Address: P.O. Box 17632
Hattiesburg, ms 39404

Director: Jonathan Merrill

Address: (Same)

B. OFFICERS

President: William Thacker

Address: (Same)

Vice President: Jonathan Merrill

Address: (Same)

Secretary: Jonathan Merrill

Address: (Same)

Treasurer: Allen Anderson

Address: (Same)

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Allen Anderson
(Signature of the Director or Officer listed in number 12 of the application)

14. Allen Anderson, Treasurer
(Typed or printed name and capacity of person signing application)

**Articles of Organization
For
WYOMING Unincorporated Non Profit Association**

~:ORDER OF THE BUSINESS:

- ~1. Roll call of the Officers
- ~2. Report of the Executive Committee on the New Candidates
- ~3. Reading of the Minutes of the Previous Meetings
- ~4. Receipts and Expenditures
- ~5. Communications
- ~6. Report of the Delegates and the Committees
- ~7. Unfinished-Business
- ~8. New-Business
- ~9. Nominations, Elections and Installation of the Officers
- ~10. Good and Welfare of the Unincorporated-Non-Profit-Tribal-Association
- ~11. Adjournment

Article I

The name of the Unincorporated Non Profit Association is: *Good Health group*

Nominations, Elections and installation of the Officers

- ~ President: *William Thacker*
- ~ Recording Secretary: *Jonathan Merrill*
- ~ Treasurer: *Allen Anderson*

Article II

The street address of the principal office of Unincorporated Non Profit Association is:

*11 office Park Drive, Suite 20
Hattiesburg, ms 39402*

The mailing address of the Unincorporated Non Profit Association is:

PO Box 17632, Hattiesburg, ms 39404

Article III

The purpose for which this Unincorporated Non Profit Association is organized is:

ANY AND ALL LAWFUL BUSINESS.

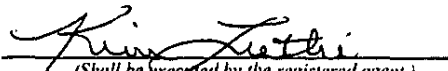
Article IV

The name and Street address of the registered agent is:

Kim Luthi:
Legal Agent and Agent for Service
156 N. State Line Road, Freedom: [83120]

Having been named as registered agent and to accept service of process for the above stated Unincorporated Non Profit Association 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.

Registered Agent Signature:


(Shall be executed by the registered agent.)

Article V

The name and address of managing members/managers are:

Title: President

William Thacker
PO Box 17632
Hattiesburg, MS 39404

Title: Recording Secretary

Jonathan Merrill
(Same)

Title: Treasurer

Allen Anderson
(Same)

Article VI

The effective date for the Unincorporated Non Profit Association shall be:

Sept. 23, 2015

Signature of member or an authorized representative of a member:

Signature/AUTOGRAPH


AUTOGRAPH: Recording Secretary