

**N05000010687**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**FLORIDA NON-PROFIT CORPORATION**

**HEALTHY FAMILY, INC.**

Certificate of Status	0
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D. WHITE OCT 18 2005

*405 000 245 5433*  
**ARTICLES OF INCORPORATION** 2005 OCT 17 P 1:49  
**OF**  
**HEALTHY FAMILY, INC.** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**HEALTHY FAMILY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**11221 SW 180 ST  
MIAMI, FL. 33167**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR PROVIDE SERVICES TO THE  
FAMILY AND FAMILY MEMBERS, TO HELP PROMOTE GOOD FAMILY VALUES  
WHILE STRENGTHENING THE FAMILY UNIT.**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**BY MINUTES AND BY LAWS**

**BERRIZ & GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300**

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**ARTICLE V**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

**SHERYL WEIR LATTY  
11221 SW 180 ST  
MIAMI, FL. 33157**

**ARTICLE VI**

**INITIAL DIRECTORS AND/OR OFFICERS**

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

**SHERYL WEIR LATTY  
11221 SW 180 ST  
MIAMI, FL. 33157**

**PRESIDENT**

**CAMILLE WEIR PLUMMER  
11221 SW 180 ST  
MIAMI, FL. 33157**

**VICEPRESIDENT**

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 17 day OCTOBER, 2005.

  
**SHERYL WEIR LATTY**

405 000 245 5433 B.

*H05 000 245 543 3.*  
**FILED**  
OCT 17 P 1:49  
CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

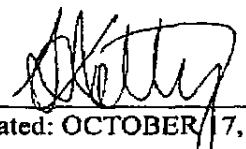
**HEALTHY FAMILY, INC.**

2. The Name and Address of the registered agent and office is

**SHERYL WEIR LATTY  
11221 SW 180 ST  
MIAMI, FL. 33157**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE

  
Dated: OCTOBER 17, 2005.

*H05 000 245 543 3.*