

N12000001252

(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



400213856674

11/17/11--01018--006 **87.50

2012 FEB -2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers FEB 03 2012
W11-58572
578
513

COVER LETTER

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

SUBJECT: HEALTHMAX EDUCATION INTERNATIONAL (HEI)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: MAX-OLIVIER CARRE

Name (Printed or typed)

855 NE 125TH ST

Address

NORTH MIAMI, FL, 33161

City, State & Zip

305-879-7503

855 NE 125TH ST Telephone number

MOCARRE@HOTMAIL.COM

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

FILED
2012 FEB -2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **HEALTHMAX EDUCATION INTERNATIONAL INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

855 N E 125th

N Miami, FL, 33161

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthmax Education International Inc is an international health and wellness training and development company that offer an exceptional alternative health and wellness education program that creates breakthrough results for people and their families.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BY VOTE BASED ON QUALIFICATION AND NOMINATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAX-OLIVIER CARRE

Address: 855 N E 125th
N Miami, FL, 33161
CEO/PRESIDENT

Name and Title: KAREN I MCDONNOUGH-CARRE

Address: 855 N E 125th
N Miami, FL, 33161
DIRECTOR OF COMMUNICATIONS

Name and Title: CAROLE SANTANA

Address: 855 N E 125th
N Miami, FL, 33161
DIRECTOR OF PUBLIC HEALTH

Name and Title: MAX CARRE

Address: 855 N E 125th
N Miami, FL, 33161
DIRECTOR OF EDUCATION

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MAX O CARRE

Address: 855 N E 125th
N Miami, FL, 33161

ARTICLE VII INCORPORATOR

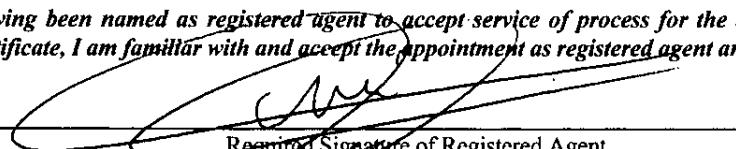
The name and address of the Incorporator is:

Name: MAX O CARRE

Address: 855 N E 125th
N Miami, FL, 33161

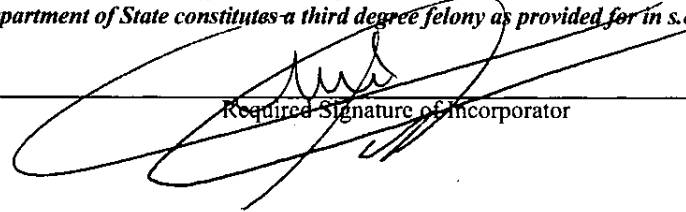
FILED
2012 FEB - 2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature of Registered Agent

1/11/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


Required Signature of Incorporator

1/11/12
Date