Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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| | | |

FLORIDA PROFIT/NON PROFIT CORPORATION LIVE BETTER HEALTHY FOUNDATION, INC.

| 4 | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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ARTICLES OF INCORPORATION

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

| ARTICLE I NAME: The name of the corporation shall be: | |
|---|-------------|
| LIVE BETTER HEALThy FounDATION, | Inc |
| ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS | <u>Ç</u> u |
| The principal and mailing address of this corporation is: | SEC SEC |
| 4423 PARK BLVD. | |
| PINELLAS PARK, FL 33781 = | RY OF STATE |
| . | SH. |
| ARTICLE III PURPOSE (S) | |
| The specific purpose(s) for which the corporation is organized is (are): | |
| TO SUPPORT Programs FOR OLDER | |
| TO SUPPORT Programs FOR OLDER ADULTS AND THEIR FAMILIES IN THE | |
| community by Promoting HEALTHY | |
| ININA Through NUTRITION AUARENESS | ? |
| community by Promoting HEALTHY Living Through NUTRITION AWARENESS AND FITNESS Programs. | , |
| | |
| | |

ARTICLE IV MANNER OF ELECTION:

The manner in which the directors are elected or appointed is as follows:

By the by-LAWS.

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| | The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows: |
|---|---|
| 1 | ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS ESTHER SANTANA 4423 PARK BLUD. PINELLAS PARK FL 33781 |
| | ARTICLE VII DIRECTORS (must have the minimum of three directors) NAME AND ADDRESS: ESTHER SANTANA (P) |
| | MARIA E. MOLLINEDO (VP) |
| | Zuleidy Goicoechea (s) |
| | |
| | ARTICLE VIII INCORPORATOR |
| | The name and street address of the incorporator for these Article of Incorporator is: ESTHER SANTANA. |
| | 4423 PARK BLVD. |
| | Pinellas Park FL 33781. |
| | 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. |
| | 2/10/14 |
| | |
| | Registered Agent Signature Days |
| | |
| | Registered Agent Signature Date I submit this document and affirm that the facts stated herein are true. I am aware that any |
| | Registered Agent Signature Dage |
| | Registered Agent Signature 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 |