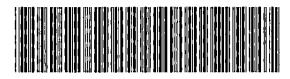
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Harma	one !	style	Inc	
	(CORPORATE NAME	E) /	ı	(DOCUMENT #)
2.					
	(CORPORATE NAME	Ε)		(DOCUMENT #)
3.					
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	New Filings
	Profit
X	Non-Profit
	Limited Liability
	Other:

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

Other Filings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials

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

The name of th	NAME ne corporation shall be:	TYLE INC		
	PRINCIPAL OFFICE			
5584	Principal <u>street</u> address: NW 114 AVE		Mailing address, if different 5584 NW 114 AVE	is:
DOR	tAL. FL 33178		DORAL, FL 33178	
The purpose fo	PURPOSE or which the corporation is organized in the healthy live as physical as emotions.	.3.	to share with the public our knowledg	· · · · · · · · · · · · · · · · · · ·
seminars and	presentations by specialists, to help pe	ople become aware	of: The importance of a nutritious food	d, the necessity of physic
activity, the in	mportance of the preservation and care	of environment.		
ARTICLE IV	MANNER OF ELECTION The INITIAL OFFICERS AND/OR DI		directors are elected and appointed:	nutes & by laws
Name and Titl	e:	Name and	Title: JOHANN SALINAS - (P)	_
Address	5584 NW 114 AVE	Address:	5584 NW 114 AVE	
	DORAL, FL 33178		DORAL, FL 33178	
Name and Title	e:_AIMEE SALINAS - (SEC)	Name and	Title:	
Address	5584 NW 114 AVE	Address:		
	DORAL, FL 33178			
Name and Title	e:	Name and	Fitle:	
Address		Address:		·

Address Address: Name and Title: Address Address: Address Address: Address: Address: Address: Address: Address: DOHANN SALINAS Address: DORAL, FL 33178 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: JOHANN SALINAS Address: DORAL, FL 33178 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DORAL, FL 33178 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOHANN SALINAS 5584 NW 114 AVE DORAL, FL 33178 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: If an effective date, if other than the date of filing: OFFICINAL (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after to accurate the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity 07/28/2017 Required Signature of Registered Agent Date I submit this document and affirplithat the facts stated herein are true. I am usware that any fake information submitte to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	e and Title:	Nan	me and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JOHANN SALINAS 5584 NW 114 AVE DORAL, FL 33178 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: JOHANN SALINAS Address: JOHANN SALINAS Address: JOHANN SALINAS Address: 5584 NW 114 AVE DORAL, FL 33178 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fiting: ULY 28, 2017 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after to document's effective date on the Department of State's records. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity 07/28/2017 Required Signature of Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that any fulse information submittee	ress	Add	ldress:
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