TRANSMITTAL LETTER

OO AUG 28 AM 9: 24
TALLAHASSEE, FLORIDA

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

000003374190--1 -08/28/00--01060--006 ******78.75 ******78.75

SUBJECT: //C	(BROBOSED CORPORA)		**************************************		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an original and ano(1) convert the articles of incompanies and all 1 c					
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
370.00	☑ \$78.75	□	D		
· · · · · · · · · · · · · · · · · · ·		\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
	,		& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
		,			
FROM: DEBORAH PAYNE					
Name (Printed or typed)					
· · · · · · · · · · · · · · · · · · ·					
P.O. BOX 670					
Address					
Audiess					
	SAFETY HARBOR, FLA 34695				
	City, State & Zip				
	Daytime Telephone number				

HEALTIN FOR YOU THIC

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

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	The first section of the section of
ARTICLE I NAME The name of the corporation shall be:	00 AUG 28 AM 9: 24
HEALTHY FOR YOU, INC	~ <8 n.
HEAUN) (000)	LAMASSEE STOR
ARTICLE II PRINCIPAL OFFICE	MELANIASSEE. FLORIDA
The principal place of business/mailing address is: 2035 PHILIPPE PARKWAY	
SAFETY HARBOR, FLA 34698	- "
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	•
ARTICLE IV SHARES	
ARTICLE IV SHARES The number of shares of stock is:	
100	•
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	DEBORAH PAYNE
	2035 PHILIPPE
•	PARKWAY#32
ARTICLE VII INCORPORATOR	AFETY HARBUR, FLA 34695
The name and address of the Incorporator is:	34691
DEBORAH PAYNE	· _
P.D BOX 670 SAFETY HARBUR FLA 34695 ************************************	
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certificate, I am familiar with and accept the appointment as registered agent an	ed agree to act in this capacity
Deborat taune	8-74-00
Signature/Registered Agent	Date
1) almost 1	9-711-00
Signature/Incorporator	<u> </u>