

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

		200	DOO46737 -11/09/0101(*****87.50	'62- 023(*****	1 106 87.5(<u>.</u> J
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:			
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL COI	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	FROM: LESI'R F. DRAN Name (Printed or typed) 6860 NW 26 AUG Address Ft. Landerdale, FL. 33309 City, State & Zip			SECRETARY OF STATE TALLAHASSEE, FLORIDA	01 NOV -9 AM11: 30	FILED
	954-971 -	-8329				

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

Daytime Telephone number

73/9/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

'The name of the corporation shall be:

HEALthy Home BusINESS SYSTEM INC.

01 HOV -9 AMII: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6800 NW 26 AVE. FI. LANDERDALE, FL. 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

System SAles

<u>ARTICLE</u> IV SHARES

The number of shares of stock is:

500

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:

LESIIE F. DEAN 6800 NW 26 AVE Ft. LANDERDAIE, FL. 33309

ARTICLE VII __ INCORPORATOR

-The <u>name and address</u> of the Incorporator is:

LESIIE F. DEAN 6800 NW JG AVE Ft. LANDERDALE, FL. 33309

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

11-3-2001 Date

Signature/Incorporator