

TRANSMITTAL LETTER  
**P02000056932**

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

400005415324--8  
-05/01/02--01038--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Healthy Answers, Inc.  
(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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Deborah C. Jones  
Name (Printed or typed)

10850 Cameron Ct, #102  
Address

Davie, Fla. 33324  
City, State & Zip

(954) 474-8098  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAY 21 AM 7:47

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

BR 5/22  
103



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 7, 2002

DEBORAH C JONES  
10850 CAMERON CT #102  
DAVIE, FL 33324

SUBJECT: HEALTHY ANSWERS, INC.  
Ref. Number: W02000012981

We have received your document for HEALTHY ANSWERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must remove the reference of (tm) in your corporate name.

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register  
Corporate Specialist Supervisor  
New Filings Section

Letter Number: 402A00028479

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: *Healthy Answers, Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *10850 Cameron Ct, #102  
Davie, Fla. 33324*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Massage (Medical, Therapeutic)*

### ARTICLE IV SHARES

The number of shares of stock is: *one*

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*Deborah C. Jones, LMT (Licensed Massage Therapist)  
10850 Cameron Ct, #102  
Davie, Fla. 33324*

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Deborah C. Jones  
10850 Cameron Ct, #102  
Davie, Fla. 33324*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Deborah C. Jones  
10850 Cameron Ct, #102  
Davie, Fla. 33324*

\*\*\*\*\*

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

*Deborah C. Jones*

Signature/Registered Agent  
*Deborah C. Jones*

*Apr. 29, '02*  
Date

*Deborah C. Jones*

Signature/Incorporator

*Apr. 29, '02*  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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