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TRANSMITTAL LETTER

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TALLAHASSEE FLORIDA

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

SUBJECT: HE	ALITI RESEARCH & WARK	TE NAME – MUST INCL	MAIN CHRISTIAN	
	(I ROI OSED CORI ORA	TE NAME - MOST INCL	ODE SOFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:	
			1	
\$70.00	□ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO		
			l	
FROM:	YVES ROBERT DANIEL			
PROM.	Name	(Printed or typed)		; , , ;
	4004C OW 4 OT			
18215 SW 4 CT				
		Address		
	DEMODOVE DIVIES EL	22020		
	PEMBROKE PINES, FL. 33029 City, State & Zip			
	Ciry,	, State & Lip		
	305-528-6403			
	Daytime	Telephone number		, ,

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)

FILED)

ARTICLE I NAME

The name of the corporation shall be:

HEALTH RESEARCH & MARKETING, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18215 SW 4 CT PEMBROKE PINES, FL. 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING AND MARKETING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

YVES ROBERT DANIEL 18215 SW 4 CT PEMBROKE PINES, FL. 33029 PRESIDENT AND CHIEF EXECUTIVE OFFICER

ARTICLE VI REGISTERED AGENT

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

YVES ROBERT DANIEL 18215 SW 4 CT PEMBROKE PINES, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YVES ROBERT DANIEL 18215 SW 4CT PEMBROKE PINES, FL. 33029

######################################	
Having been named as negistered agent to succept 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 t	agent and agree to act in this capacity
certificate, I am familiar with and accept the appointment as registered to	11-15- 7007

Signature/Registered Agent Date

| 11-15-200=
| Signature/Incorporator Date | D