

P03000029430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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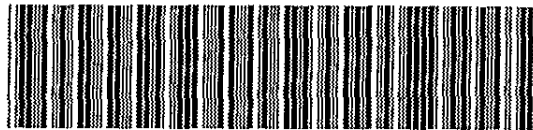
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: HEALTHY LIFE ASSOCIATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARIE ANGE ETIENNE
Name (Printed or typed)

18352 NW 68th AVE. APT K
Address

HIALEAH, FL 33015
City, State & Zip

(305) 557-7146
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)

ARTICLE I NAME

The name of the corporation shall be:

HEALTHY LIFE ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18352 NW 68th AVE. APT. K
HIALEAH, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE NURSING AND DIETARY CARE AND TEACHING.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MARIE ANGE ETIENNE, CEO
CHARLES ETIENNE, CNO

18352 NW 68 Ave #K
Hialeah FL 33015

ARTICLE VI REGISTERED AGENT

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

MARIE ANGE ETIENNE
18352 NW 68th AVE. APT K
HIALEAH FL, 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIE ANGE ETIENNE
18352 NW 68th AVE. APT K
HIALEAH FL, 33015

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

Marie Ange Etienne
Signature/Registered Agent

3/7/03
Date

Marie Ange Etienne
Signature/Incorporator

3/7/03
Date

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03 MAR 10 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA