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SECRETARY OF STATE TALLAMASSEE, FLORIDA

#### TRANSMITTAL LETTER

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

SUBJECT:	HEALTHY CORPORA	Y DESIGNE NAME - MUSTINGL	J. INC.	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	PATRICIA C.	BRANDON (Printed or typed)		
10102 Kenlake Deive				
	Riverview	, FC 33569 State & Zip	<u>-</u>	
-	813/677 Daytime To	- 1825 elephone number		

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

## ARTICLES OF INCORPORATION OF HEALTHY BY DESIGN, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles of Incorporation.

Article I: Name

The name of the corporation shall be: HEALTHY BY DESIGN, INC.

#### Article II: Business, Objects or Purposes

The general nature of the business to be transacted by this corporation shall be to distribute and sell health related items and/or to engage in any lawful enterprise. To have and exercise all powers conferred by the laws of Florida upon corporations formed under the general corporation acts of the state of Florida. To transact all business activity which might be necessary, incidental or proper to the purposes of the corporation that the Board of Directors deem appropriate. In general, to do any and all things that a natural person might or could do.

The foregoing clause shall be construed both as objects and powers; and it is hereby expressly provided that the foregoing enumeration of special powers shall not be held to limit or restrict in any manner the powers of this corporation.

#### **Article III: Principal Place of Business**

The principal place of business and mailing address of this corporation shall be:

10102 Kenlake Drive Riverview, FL 33569

#### **Article IV: Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of Common Stock with a par value of \$1.00 per share.

#### Article V: Subscribers and First Board of Directors

The subscribers and first Board of Directors and addresses are as follows:

Patricia C. Brandon 10102 Kenlake Drive Riverview, FL 33569 Maurice G. Brandon 10102 Kenlake Drive Riverview, FL 33569

**Article VI: Officers** 

The Initial Officers of the Corporation are as follows:

President:

Patricia C. Brandon 10102 Kenlake Drive Riverview, FL 33569 Vice President and Secretary

Maurice G. Brandon 10102 Kenlake Drive Riverview, FL 33569

#### **Article VII: Initial Registered Agent**

The name and address of the initial registered agent is:

Patricia C. Brandon 10102 Kenlake Drive Riverview, FL 33569

#### **Article VIII: Incorporator**

The name and street address of the incorporator to these Articles of Incorporation is:

PATRICIA C. BRANDON 10102 KENLAKE DRIVE RIVERVIEW, FL 33569

The undersigned incorporator has executed these Article of Incorporation this 22<sup>nd</sup> day of September 2003.

PATRICIA C. BRANDON

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORDIA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: Strickland Management Services, Inc.
- 2. The name and address of the registered agent is

PATRICIA C. BRANDON 10102 KENLAKE DRIVE RIVERVIEW, FL 33569

in C Brandon

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Date)

TALLAHASSEE, FLORIDA