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| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| - ISABELLE TARDIF | | | | | | | |
| 70 98 NW 4900 PLACE | | | | | | | |
| • | | | | | | | |
| LAUDERHILL FI 33319 | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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| Office Use Only | | | | | | | |



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T I T







FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 28, 2004

ISABELLE TARBIE 7098 NW 49TH PL. LAUDERHILL, FL 33319

TARDIF

We have received your document for HEALTH MAKER 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6995.

Letter Number: 804A00028359

Wanda Cunningham Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

| Articles of Incorporation of HEALTH MAKER THE |
|---|
| THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Derida, hereby certifies as follows: |
| ARTICLE I CORPORATE NAME |
| The name of the Corporation is 1 HEALTH MAKER INC. |
| ARTICLE II INITIAL OFFICE AND AGENT |
| The address of this Corporation's initial registered office and the name of its original |
| registered agent at such address is: ISABELLE TARD F 1 |
| ARTICLE III PURPOSES |
| The purpose of the Corporation is to engage in any lawful act or activity for which a |
| corporation may be organized under the General Corporation Laws of the State of |
| ① Florida other than the banking business, the trust company business of |
| the practice of a profession permitted to be incorporated by the State of ② Florida. Corporation Code. |
| Corporation Coate |

ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of ① FloridA
any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or
any third party for breach of duty of care; such potential liability is hereby eliminated

ARTICLE VII BOARD OF DIRECTORS

| ~ | ١ | | 1 | (| · | <u>_</u> | | 1 | C! | L - :. | -:-: | -1 | D | | 1 | · | |
|---|-------------|------|------|------|-------|-----------------|-------------|--------|----|--------|--------------|----|-------|-----|----|---------|------|
| • | ne name ano | ı ao | ares | s or | -cacr | a person servii | ng as a mei | DOCE O | ГЦ | 10 11 | \mathbf{n} | 21 | DOZIU | LOI | יע | rectors | 21 C |
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| | WY9th PLACE | | |
|------|-------------|---------|------|
| Nice | 1 TARDIE | SECR | ETAR |
| 7098 | N.W. 49 | e place | |
| | DERHILL F | * | |

ARTICLE VII INCORPORATORS

| 5 ISABELLE TARDIF | , |
|---|--------|
| 70 98 NW 49 Place | |
| LAODERHILL FI 33319 | |
| IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set his/her/their har | d this |
| ⑨ INCORPORATORS: | |
| Signature Signature Signature | |
| Signature Signature | • |
| 10 | |
| STATE OF) FLOR DA | |
| STATE OF) FLOR DA COUNTY OF) BROJAND | |
| On the day of APRIC, WY personally appeared before, the signer of the within instrument, who duly acknowledged to me h | e me |
| Cuted the same. Lindo Schilling MY COMMISSION * Destrucy Detail ic October 2, 2004 Bonded thru troy Fain insurance, Inc. | |
| Personally Known (OR) Residing at: LAUDRHICE FC Produced Identification Type of Identification Produced: My commission expires: (1): 2-2(1) | |

May 8, 2004

From: Isabelle Tardif

To: Florida Department of State Division of Corporations

I hereby am familiar with and accept the duties and responsibilities of Registered Agent.

Isabelle Tardif

7098 N.W. 49th Place

Lauderhill, Fl 33319