

Pole 000 153304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

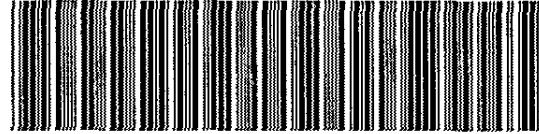
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CITY OF CHICAGO

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COVER LETTER

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

SUBJECT: Health4Living, 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
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: Dott Da Costa Robinson
Name (Printed or typed)

3861 NW 171 Street

Address

Miami Gardens, Fl. 33055

City, State & Zip

305 623 3245

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:

Health4Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3861 NW 171 Street
Miami Gardens, FL. 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell goods and services to the general public for profit

ARTICLE IV SHARES

The number of shares of stock is:

The number of shares that this corporation is authorized to have outstanding at any one time is
1500 shares at \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dott Da Costa Robinson- President/Director
3861 NW 171 Street
Miami Gardens, FL.33055
Winston Robinson - Vice President/Director
3861 NW 171 Street
Miami Gardens, FL. 33055

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dott Da Costa Robinson
3861 NW 171 Street
Miami Gardens, FL.33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dott Da Costa Robinson
3861 NW 171 Street
Miami Gardens, FL.33055

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dott Da Costa Robinson - Registered Agent
Signature/Registered Agent

12/10/2006
Date

Dott Da Costa Robinson
Signature/Incorporator

12/10/2006
Date

Dott Da Costa Robinson