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# FLORIDA PROFIT/NON PROFIT CORPORATION

# HEALTHY LIFE SOLUTIONS, INC.

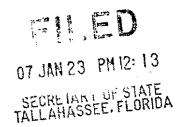
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01/23/2007



#### ARTICLES OF CORPORATION

OF

#### HEALTHY LIFE SOLUTIONS, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION, DESIRING TO FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, DOES HEREBY ACCEPT ALL THE RIGHTS AND PRIVILEGES, BENEFITS AND OBLIGATIONS CONFERRED AND IMPOSED BY SAID LAWS AND DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION AS THE CHARPTER OF THE CORPORATION HEREBY ORGANIZED.

**ARTICLE I** 

NAME

THE NAME OF THE CORPORATION SHALL BE:

30244460E

HEALTHY LIFE SOLUTIONS, INC.

**ARTICLE II** 

DURATION

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE, COMMENCING UPON THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE DEPARTMENT OF THE STATE OF FLORIDA.

ARTICLE III

PURPOSE AND POWERS

THIS CORPORATION IS ORGANIZED TO THE PURPOSE OF ENGAGING IN ALL LAW FULL BUSINESS PERMITTED TO A CORPORATION ORGANIZED UNDER THE PLORIDA GENERAL CORPORATION LAW AND THE LAWS OF THE UNITED STATES AND SHALL HAVE ALL THE POWERS SET FORTH IN SAID LAWS.

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### ARTICLE IV

#### CAPITAL STOCK

THE AMOUNT OF CAPITAL STOCK AUTHORIZED SHALL CONSIST OF - 500 8HARES OF COMMON STOCK HAVING A PAR VALUE OF \$ 1.00 PER SHARE
PAYABLE IN LAWFUL MONEY OF THE UNITED STATES OF AMERICA, OR IN OTHER
PROPERTY, TANGIBLE OR INTANGIBLE, OR IN LABOR OR SERVICES ACTUALLY
PERFORMED FOR THE CORPORATION AT A JUST VALUATION TO BE FIXED BY THE
BOARD OF DIRECTORS OR THE SHAREHOLDERS OF THIS CORPORATION.
THE CAPITAL STOCK OF THE CORPORATION MAY AT ANY TIME BE
INCREASE OR DECREASE AS PROVIDED BY THE LAWS OF FLORIDA.

#### ARTICLE V

#### INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS IS NOT LESS THAN FIVE HUNDRED DOLLARS (\$ 500,00)

#### ARTICLE VI

INITIAL CORPORATE ADDRESS AND INITIAL REGISTERED OFFICE AND AGENT

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION IS: 15011 ROYAL PALM LANE, MIAMI LAKES, FL 33014

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:
15011 ROYAL PALM LANE, MIAMI LAKES, FL 33014

NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

RODOLFO J. LEON

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#### ARTICLE VII

#### INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE DIRECTOR (S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DECREASED FROM TIME TO TIME BY ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE BY - LAWS.

THE NAMES AND ADDRESS OF THE INITIAL DIRECTORS OF THIS CORPORATION ARE:

NAMES	STATUS	ADDRESS
RODOLFO J. LEON	PRESIDENT	15911 ROYAL PALM LANE MIAMI LAKES, FL 33014
ARLENE INSUA	SECRETARY	15011 ROYAL PALM LANE MIAMI LAKES, FL 33014
JORGE FALCON	VICE-PRESIDENT	15011 ROYAL PALM LANE MIAMI LAKES, FL 33014

#### **ARTICLE VIII**

#### INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR OF THIS CORPORATION IS:

#### RODOLFO J. LEON 15011 ROYAL PALM LANE, MIAMI LAKES, FL 33014

#### ARTICLE IX

#### AMENDMENT

UNLESS OTHERWISE SET FORTH HEREIN, THE CORPORATION RESERVE THE RIGHT, IN ACCORDANCE WITH THE FLORIDA GENERAL CORPORATION LAW, TO AMEND, ALTER MODIFY, OR REPEAL ANY PROVISION OR PROVISIONS, CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HEREIN, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDERS IS SUBJECT TO THIS RESERVATION.

IN WITNESS WHEREOF, THE ABOVE NAMED INCORPORATOR

SUBSCRIBED HIS NAME THIS 22th OF JANUARY, 2007

## ARTICLE X

## CERTIFICATE OF DESIGNATION

# REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is:

## HEALTHY LIFE SOLUTIONS, INC.

2. The name and address of the registered agent and office is

RODOLFO J. LEON 15011 ROYAL PALM LANE, MIAMI LAKES, FL 33014

SIGNATURE

DATE

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SECRE DIK UT STATE A
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE 1/22/