

PO7000088128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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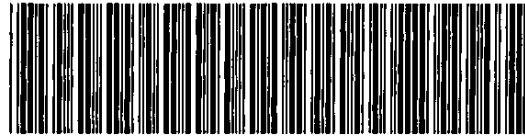
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Bonafide Health, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Edward D. Stewart And Leona Stewart

Name (Printed or typed)

6304 SW 192 Avenue

Address

Pembroke Pines, FL 33332

City, State & Zip

954-252-6837

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:

Bonafide Health, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6304 SW 192 Avenue Pembroke Pines, FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sale of nutrition products

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Edward D. Stewart 6304 SW 192 Avenue Pembroke Pines, FL 33332

Vice-President: Leona Stewart 6304 SW 192 Avenue Pembroke Pines, FL 33332

ARTICLE VI REGISTERED AGENT

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

Edward Stewart 6304 SW 192 Avenue Pembroke Pines, FL 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edward Stewart 6304 SW 192 Avenue Pembroke Pines, FL 33332

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Edward Stewart / Leona Stewart
Signature/Registered Agent

8-1-07

Date

Edward Stewart / Leona Stewart
Signature/Incorporator

8-1-07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA