

P0700104802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

9/20/57

COVER LETTER

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

SUBJECT: **BestHealth4You 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: **Jason Kornblau**

Name (Printed or typed)

2451 Centergate Drive #301

Address

Miramar, FL 33025

City, State & Zip

305 793-7957

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:

BestHealth4You Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2451 Centergate Drive #301
Miramar, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales, Consulting, Investments

ARTICLE IV SHARES

The number of shares of stock is:

600

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jason Kornblau President
2451 Centergate Drive #301
Miramar, FL 33025

ARTICLE VI REGISTERED AGENT

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

Jason Kornblau
2451 Centergate Drive #301
Miramar, FL 33025

ARTICLE VII INCORPORATOR

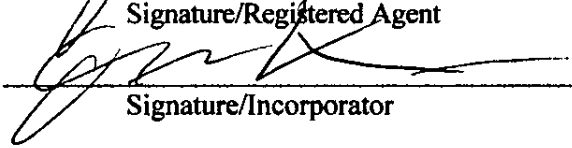
The name and address of the Incorporator is:

Jason Kornblau
2451 Centergate Drive #301
Miramar, FL 33025

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



Signature/Registered Agent



Signature/Incorporator

FILED
07 SEP 19 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/07

Date

9/17/07

Date