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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Healthy Naples, Inc.

Certificate of Status	1
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Law Offices of Kent A. Skrivan

801 Laurel Oak Drive #705 Naples, Florida 34108

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From:

Marsha DeFrancesco

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

HEALTHY NAPLES, INC.

The undersigned hereby makes, adopts and subscribes to these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of this corporation is HEALTHY NAPLES, INC.

ARTICLE II PRINCIPAL OFFICE; MAILING ADDRESS

The address of the principal office of the Corporation shall be 5041 Rustic Oaks Circle, Naples, Florida 34105. The mailing address of the Corporation shall be 5041 Rustic Oaks Circle, Naples, Florida 34105.

ARTICLE III PURPOSE

The purpose for which the Corporation is organized is to engage in all lawful purposes allowed a Florida corporation.

DURATION

The Corporation shall have a perpetual existence commencing on the filing of these Articles of Incorporation.

Prepared by: Kent A. Skrivan, Esq. Law Offices of Kent A. Skrivan, PLLC 801 Laurel Oak Drive, Suite 705 Naples, Florida 34108-2754 (239) 597-4500 Florida Bar No. 0893552

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ARTICLE V

The method by which Directors of the Corporation shall be elected is set forth in the by-laws. The number of directors constituting the initial Board of Directors of this . Corporation is one (1). The names and street addresses of the initial directors are:

Marie Heiland 5041 Rustic Oaks Circle Naples, Florida 34105

<u>ARTICLE VI</u> CAPITAL STOCK

The Corporation is authorized to issue 7,500 shares of One Dollar (\$1.00) par value voting common stock. All shares shall have the same rights with respect to dissolution and liquidation.

ARTICLE VII INITIAL REGISTERED AGENT AND ADDRESS

The name of the Corporation's initial registered agent is KENT A. SKRIVAN. The address of the registered agent is the Law Offices of Kent A. Skrivan, 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Marie Heiland 5041 Rustic Oaks Circle Naples, Florida 34105

ARTICLE IX INDEMNIFICATION

The Corporation shall indemnify its officers, directors, employees and agents to the fullest extent permitted by law.

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IN WITNESS WHEREOF, the Incorporator, MARIE HEILAND has signed these Articles of Incorporation for the purpose of forming the Corporation under the laws of the State of Florida.

Dated this 13th day of November, 2007.

Marie Heiland, Incorporator

STATE OF FLORIDA

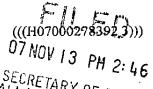
COUNTY OF LEE

The foregoing instrument was acknowledged before me this day of 2007, by MARIE HEILAND, who is personally known to me or who produced a drivers' license or identification and who did take an oath.

NOTARY PUBLIC

Commission Expiration:

MARSHA A. NE FRANCISCO MY COMMISSION # 00 008 (2) EXPRESS TRUMP 1 10 008 (2) EXPRESS TRUMP 1 10 000 UNIONOSIS 11/13/2007 3:15 PM FROM: Skrivan Law Law Offices of Kent A. Skrivan TO: 18506176381 PAGE: 006 OF 006



CERTIFICATE OF DESIGNATION OF REGISTERED FALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501 of the Florida Business Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered office and registered agent in the State of Florida.

- 1. The name of the Corporation is HEALTHY NAPLES, INC.
- 2. The name and address of the registered agent and registered office of the corporation is:

KENT A. SKRIVAN
The Law Offices of Kent A. Skrivan
801 Laurel Oak Drive, Suite 705
Naples, Florida 34108

Signed this 13th day of Movember, 2007.

By: _____L.s

REGISTERED AGENT ACCEPTANCE

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Date Movember 13 2007

KENT A. SKRIVAN