

P07000/33034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

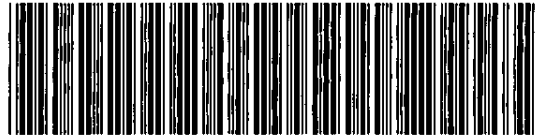
(Document Number)

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Special Instructions to Filing Officer:

EFFECTIVE DATE 1/1/2008

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07 DEC 18 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS  
12/18/07

## COVER LETTER

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

**SUBJECT:** Live Healthy Products, 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:** Allan L. Parry, JR

Name (Printed or typed)

2353 Cool Springs Drive North

Address

Jacksonville, FL 32246

City, State & Zip

(904)254-9534

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:

Live Healthy Products, Inc

(Effective Date: January 1, 2008)

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2353 Cool Springs Drive North

Jacksonville, FL 32246

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be now or hereafter organized under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

Total number of shares authorized shall be one thousand (1,000) with a par value of \$1.00.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

BOARD OF DIRECTORS:

The initial board of directors shall consist of one member. His name and mailing address, as well as, the position he holds is as follows:

Name: Allan L. Parry, Jr.  
Director

Address: 2353 Cool Springs Drive North  
Jacksonville, FL 32246

OFFICERS:

The initial officers of the corporation shall consist of one person. His name and mailing address, as well as, the position he holds is as follows:

Name: Allan L. Parry, Jr.  
President/Secretary/Treasurer

Address: 2353 Cool Springs Drive North  
Jacksonville, FL 32246

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/2008

**ARTICLE VI REGISTERED AGENT**

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

Name: Allan L. Parry, Jr.

Address: 2353 Cool Springs Drive North  
Jacksonville, FL 32246

**ARTICLE VII INCORPORATOR**

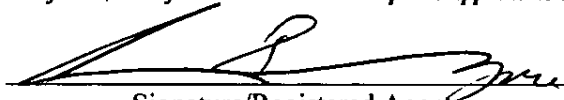
The name and address of the Incorporator is:

Name: Allan L. Parry, Jr.

Address: 2353 Cool Springs Drive North  
Jacksonville, FL 32246


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*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

12-10-07

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-10-07

\_\_\_\_\_  
Date

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