## 00004443.5

#### Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000118329 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. ON OF CORPORATION

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I2000000146

Phone : (305)444-4994

: (305)444-4977 Fax Number

#### FLORIDA PROFIT/NON PROFIT CORPORATION

HEALTHY LIFE AGENCY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2 2009 P. Buirch MAY

https://efile.sunbiz.org/scripts/efilcovr.exe

5/1/2008

302444677

ECER

49-53 800S DE 49A

(((H08000118329)))

### ARTICLES OF INCORPORATION OF

Healthy Life Agency, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

# SECRETARY OF STATE WHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be: Healthy Life Agency, Inc.

The principal place of business of this corporation shall be: 6850 SW 24 Street Suite # 205
Miami, FL 33155

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. (Home Health Agency)

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100,000 Shares

#### **ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P/D Nancy C. Lopez 6850 Coral Way # 205 Miami, FL 33155 (((H08000118329)))

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Nancy C. Lopez 6850 Coral Way # 205 Miami, FL 33155

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1 day of May, AD 2008.

Signature(s) of Incorporator(s)

#### (((H08000118329)))

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: Healthy Life Agency, Inc.
- 2. The name and address of the registered agent and office is:

Nancy C. Lopez 6850 Coral Way # 205 Miaml, FL 33155

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.