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2009 FEB -4 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers FEB 05 2009

609-3832
509
see article x

COVER LETTER

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

SUBJECT: BEST LIGHT FOR YOUR 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
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: ANGEL NOLASCO/ BEST LIGHT FOR YOUR HEALTH
Name (Printed or typed)

2540 NW 7TH ST

Address

MIAMI, FL 33125

City, State & Zip

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

CERTIFICATE OF INCORPORATION

OF

BEST LIGHT FOR YOUR HEALTH, INC.

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation is
BEST LIGHT FOR YOUR HEALTH, INC.

ARTICLE II

GENERAL NATURE OF BUSINESS

This corporation may engage in any activity of business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) shares of common stock having a nominal or par value of ONE AND 00/100 (\$1.00) Dollars per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be fixed by the Board of Directors.

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TALLAHASSEE, FLORIDA

FILED

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation will begin business is ONE THOUSAND and 00/100.00 (\$1,000.00) DOLLARS.

ARTICLE V

ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is:

2540 N W 7TH ST, MIAMI, FL 33125

ARTICLE VI

DIRECTORS

This corporation shall have not less than one (1) Director, however, the number of directors may be increased or diminished from time to time, by By-laws adopted by the Stockholders, but shall never be less than one.

ARTICLE VII

INITIAL DIRECTORS.

NAME	TITLE	ADDRESS
ANGEL NOLASCO	PRESIDENT	2540 NW 7 TH ST MIAMI, FL 33125

ARTICLE VIII

SUBSCRIBERS

The name and post office address of each subscriber of these Articles of Incorporation, the number of shares of stock each agrees to take and the value of the consideration therefore are:

NAME	ADDRESS	SHARES	CONSIDERATION
ANGEL NOLASCO	2540 NW 7 TH ST MIAMI, FL 33125	1000	\$1,000.00

ARTICLE IX

AMENDMENT

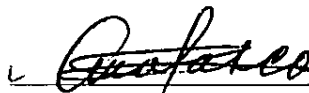
These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a Stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

ARTICLE X

REGISTERED OFFICE AND REGISTERED AGENT

That BEST LIGHT FOR YOUR HEALTH, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation in the City of MIAMI, hereby designates ANGEL NOLASCO, whose office address is identical to that of the Registered Office, as its Registered Agent.

WITNESS the hands and seals of the incorporators in Miami, FL this 29th,
day of JANUARY 2009



STATE OF FLORIDA

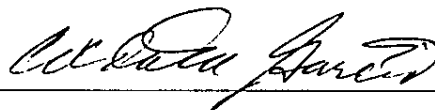
COUNTY OF DADE

PERSONALLY appeared before me and presented as identification:, his drivers license, the following person(s) ANGEL NOLASCO, to me well known to be the subscribers to the foregoing Articles of Incorporation of:

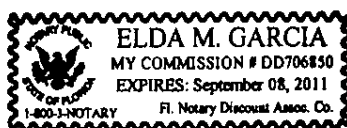
BEST LIGHT FOR YOUR HEALTH, INC

and after being by me duly sworn, acknowledged that they signed the same and for the purposes therein expressed.

WITNESS my name and seal at Miami, FL this 29TH day of JANUARY, 2009.



NOTARY PUBLIC STATE OF FLORIDA



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA NAMING AGENT UPON ITS PROCESS MAY BE SERVED.**

In compliance with section 48.091 Florida Statutes, the following is submitted:

FIRST: BEST LIGHT FOR YOUR HEALTH, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the city of MIAMI and with its initial registered office at 2540 NW 7TH ST, has named: ANGEL NOLASCO, located at the same address as its Registered Agent to accept service of process within the State of Florida.

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 keeping open said office.

BY: _____



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TALLAHASSEE, FLORIDA