9000082960

(Requestor's Name)	
(Address)	50015833630
(Address)	
(City/State/Zip/Phone #)	
	09/23/0901032011 *
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	SECRETARY (
-W09-42-97-3	OF STATE PLORIDA

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COVER LETTER

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

SUBJECT:	r: "OutSmart Diabetes" Healthy Lifestyle Education, INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy		
		ADDITIONAL COPY REQUIRED		
FROM:	Nam	e (Printed or typed)		
-		ut River Crossing Address		
		Florida 34222 State & Zip		
	941	-232-3846 Felephone number		
***************************************		Ncde@aol.com	notification)	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2009

DENISE M. FALSETT! 4849 TROUT RIVER CROSSING ELLENTON, FL 34222

SUBJECT: OUTSMART DIABETES HEALTHY LIFESTYLE EDUCATION, INC.

Ref. Number: W09000042913

We have received your document for OUTSMART DIABETES HEALTHY LIFESTYLE EDUCATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 809A00031326

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: "OutSmart Diabetes" Healthy Lifestyle Education State of	
The name of the corporation shall be:	
"OutSmart Diabetes" Healthy Lifestyle Education " 4:/S	
LAHASSEC OF STATI	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
4849 Trout River Crossing	
Ellenton, Florida 34222	
ARTICLE III PURPOSE The results of the composition is approximation.	
The purpose for which the corporation is organized is: Teach community how to manage their Diabetes with preventive measures of complications,	
Carbohydrate Counting, lifestyle changes, etc.	
ARTICLE IV SHARES	
The number of shares of stock is: 180 Shares @ 11, 00 per Share. Shareholder DENISE M. FALSE	Ж
180 STINKES (COTTO)	,,,
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Denise M. Falsetti, Program Director, Denise M Falsetti, VP, Denise M Falsetti, Tresurer, Denise M Falsetti, Program Educator, Denise M Falsetti, Marketing Director	
raisetti, Frogram Educator, Demise W Faisetti, Marketing Director	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Denise M Falsetti	
4849 Trout River Crossing	
Ellenton, Florida 34222	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
DENISE M. Falsetti	
4849 TROUT RIVER CLOSSING ELLENTON FL 34222	
+*************************************	
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	
1/2 m /2 m	
William 11/301	
Signature/Registered Agent 9-15-09	
Class In Outselle 1-13-09	
Signature/Incorporator Date	