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# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: **HEALTHY LIVING NETWORK**, **INC.** 

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1013 NW 170 Avenue Pembroke Pines, Fl 33028.

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: none (none stock).

Board members may be elected at any meeting of the board by way of vote by members present at the said meeting.

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

he name and address of the initial registered agent is: <u>Headley Morrison</u>
1013 NW 170 Avenue
Pembroke Pines, Fl 33028

# ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Headley Morrison 1013 NW 170 Avenue, Pembroke Pines, Fl. 33028.

# ARTICLE VI- PURPOSE

The Organization is organized exclusively for charitable, religious, educational, and/or scientific purposes under section 501(c) (3) of the Internal Revenue Code no part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or \other private persons, except that \the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

#### ARTICLE VII-EARNINGS AND DISSOLUTION

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Service Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, for a public purpose.

### ARTICLE VIII-OFFICERS

The names and addresses of the initial board of Directors are:

President/	Dir.	Headle	ey Morrison	1013	NW	170	Avenue,	, Pembr	oke Pines,	Fl. 33028.
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Secretary/Dir. Aston Daley 6839 SW 20 Street, Miramar, Fl 33023.

Treasurer/Dir. Desmond Marsh 1041 NW 189 Avenue, Pembroke Pines, Fl 33029.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30th day of December, 2009. Signature

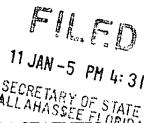
Signature

Signature

Sworn to and subscribed to me this 30th day of December, 20

Notary Public





# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTĖŠ, OF 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 is: HEALTHY LIVING NETWORK, INC.

  ( A Non profit Corporation)
- 2. The name and address of the registered agent and office is:

Headley Morrison	
1013 NW 170 Avenue	
Pembroke Pines, Fl 33028.	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this 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 statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

Signature

Date