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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 03/23/11

COVER LETTER

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

SUBJECT: Healthy and Alkaline 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: Michele Gorman

Name (Printed or typed)

2816 E Hampshire Street

Address

Inverness, FL 34453

City, State & Zip

352-201-8643

Daytime Telephone number

healthyandalkaline@gmail.com

E-mail address: (to be used for future annual report notification)

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

Healthy and Alkaline Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2816 E. Hampshire Street
Inverness, FL 34453

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in any and all lawful business activities without restriction

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michele Gorman, President</u>	Name and Title: _____
Address: <u>2816 E Hampshire Street</u>	Address: _____
<u>Inverness, FL 34453</u>	_____

Name and Title: <u>Liselotte Bader, Vice President</u>	Name and Title: _____
Address: <u>2816 E Hampshire Street</u>	Address: _____
<u>Inverness, FL 34453</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Michele Gorman
Address: 2816 E Hampshire Street
Inverness, FL 34453

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Liselotte Bader
Address: 2816 E Hampshire Street
Inverness, FL 34453

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

Michele Gorman
Required Signature/Registered Agent

March 11, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Liselotte Bader
Required Signature/Incorporator

March 11, 2011
Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA