011000050852

(Requestor's Name)			
(Address)			
(law.coo)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Durings Table N			
(Business Entity Name)			
(Document Number)			
•			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700207919467

05/26/11--01005--010 **78.75

COVER LETTER

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

SUBJECT: Healthy Blends (PROPOSED CORPORA)	Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: Jose Rosa Name	(Printed or typed)	
11301 Center	Lake Dr #1203	
winder merc, City,	71 34786 State & Zip	
(305) Daytime Te	562 - 1391 elephone number	
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)

AKIICLEI	corporation shall be: Healthy Ble	. 11 77 .
ine name of the	corporation snall be: Healthy Die	ROS, INC.
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	1935 Don Wickham Dr	Jose Rosado
	<u>Clesmont</u> , F1, 34711	11301 center Lake Or #120
		mindernere, F1, 34786
ARTICLE III	PITEPOSE	
The purpose for	which the corporation is organized is: 5 \(\sigma_0 \)	poblic C.C.
		cate
ARTICLE IV		
The number of sh	hares of stock is: 4	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS .
Name and	Title: Josue Rosado - President	Name and Title:
Address:	11301 Center Lake Dr #120	23 Address:
	windermele, Fl, 34786	
	<u> </u>	
Name and	Title: Alexandra Rasada- hice Pre	Name and Title:
Address:	11301 center Lake Dr #120	Address:
110014001	windernery Fl, 34786	
Nome and	Tieles	Name and Title.
Address:	1 IIIe:	Name and Title:
Addicss.		Address:
400000000		
		of the maintained ecout in
Name:	505UL Rosado	
Address:	11301 Center Lake Dr #11	<u> </u>
	windermere, Fl, 34786	
	<u>INCORPORATOR</u>	
	ddress of the Incorporator is:	
Name:	Josie Rosado	
Address:	11301 Center Lake Dr #1	
	mindernere, Fl, 34786	- 골을 9
Havina been na	med as repisterell agent to accept service of proce	ess for the above stated corporation at the place designated in
	am familiar with and accept the appointment as re	
,	770	- · · · · · · · · · · · · · · · · · · ·
	\mathcal{L}	5/23/11
	Required Signature/Registered Agent	Date
		Date
submit this doc	cument and affirm that the facts stated herein a	re true. I am aware that the false information submitted in a
locument to the l	Department of State constitutes a third degree felo	ny as provided for in s.817.155, F.S.
	1. PV-	1
		<u> </u>
	Required Signature/Incorporator	Date