# P/1000086510

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |
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Office Use Only

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09/20/11--01014--001 \*\*78.75

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W11-48887



### RECEIVED

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11 SEP 30 AH II: 23

## FLORIDA DEPARTMENT OF STATEVISION OF GORFORALIONS Division of Corporations

September 21, 2011

CORRINA FAZACKERLY-SWENSON 8854 COBBLESTONE PT CIRCLE BOYNTON BEACH, FL 33472

SUBJECT: HEALTHIER U PRODUCTIONS

Ref. Number: W11000048887

We have received your document for HEALTHIER U PRODUCTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 911A00021888

### **COVER LETTER**

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

| SUBJECT:  |  |  |  |
|---|--|--|--|
| (PROPOSED CORPOR  Enclosed are an original and one (1) copy of the ar |  | a check for:   |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status                    | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |  |
| FROM: <u>Healthier U Productions</u> ,                                | , Inc<br>ne (Printed or typed)                     |  |  |
| 8854 Cobblestone Pt Ci  | ircle<br>Address                                   |  |  |
| Boynton Beach, FL 33  | 3472<br>v, State & Zip                             |  |  |
| 561-801-2075  Daytime   | Telephone number                                   |  |  |
| swensonfax@gmail.con<br>E-mail address: (to be us                     | n<br>ed 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 . The name of the co             |   | is, Irc.   |   |
|--|---|--|---|
|  | PRINCIPAL OFFICE Principal street address 1854 Cobblestone Pt Circle toynton Beach, FL 33472  | Same   | g address, if different is:                     |
|  | PURPOSE  hich the corporation is organized is: lecruiting, Program Planning, Spec   | Events, Marketing, A                                       | Adv.  |
|  | es of stock is:1000 shares \$1.00 par val   |  |   |
|  | INITIAL OFFICERS AND/OR DIRECTO lle:Corrina Fazackerly-Swenson-Pres 8854 Cobblestone Pt Circle Boynton Beach, Fl. 33472                               | Name and Title: Address:                                   |   |
| Name and Ti<br>Address:                    | ile:  | Address:   |   |
| Name and Tis<br>Address:                   | ile:  | Name and Title:Address:                                    | ŧ   |
|  | REGISTERED AGENT  ide street address (P.O. Box NOT acceptable) of Corrina Fazackerley-Swenson  8854 Cobblestone Pt Circle                             | <del></del>  | II SEP  |
|  | Boynton Beach, FL 33472  INCORPORATOR  1251 of the Incorporator is:  Corrina Fazackerley-Swenson  8854 Cobblestone Pt Circle  Boynton Beach, FL 33472 |  | 30 PH 3: 21<br>ASSEEL FLORID                    |
|  | d as registered agent to accept service of proce<br>familiar with and accept the appointment as re  |  |   |
|  |   |  | 09/11/12011                                     |
|  | Required Signature/Registered Agent   |  | Date  |
| I submit this docum<br>document to the Dep | nent and affirm that the facts stated herein are<br>partment of State constitutes a third degree felor  | e true. I am aware that th<br>ny as provided for in s.817. | e false information submitted in a<br>155, F.S. |
|  |   |  | Call 12011                                      |
|  | Partitud Signatura/Incorporator   |  | U MARIEN  |