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TALLAHASSEE, FLORIDA

K 02/15/12

Brett O. Meyer
Healthfulness, Inc.
815 NE 28th Street
#104
Wilton Manors, FL 33334-2540

January 01, 2012

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

To Whom It May Concern:

SUBJECT: RELEASE OF HEALTHFULNESS, INC.

This letter is to serve as official notice that I release the ownership of the name and any and all ownership rights related to the corporation, Healthfulness, Inc (document # 10000073917, originally filed September 09, 2010). effective immediately.

Respectfully,

Brett O. Meyer

Brett O. Meyer
President
Healthfulness, Inc.

STATE OF FLORIDA
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 19th day of JANUARY, 20 12, by BRETT O. MEYER (name of person acknowledging).



DANIEL J. REISS
MY COMMISSION # DD 827418
EXPIRES: October 1, 2012
Bonded Thru Budget Notary Services

Daniel J. Reiss
(Signature of Notary Public - State of Florida)

DANIEL J. REISS, DC
(Name of Notary Typed, Printed, or Stamped)

(NOTARY SEAL)

Personally Known ☒ OR Produced Identification _____
(Type of Identification Produced)

COVER LETTER

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

SUBJECT: Healthfulness, 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: Brett O. Meyer

Name (Printed or typed)

815 NE 28th Street, #104

Address

Wilton Manors, FL 33334-2540

City, State & Zip

(954)804-0303

Daytime Telephone number

TheSite4Cashback@Juno.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

The name of the corporation shall be:

HEALTHFULNESS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is:

815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

The mailing address of the corporation is:

815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRETT O. MEYER, PRESIDENT
815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

Name and Title: BRETT O. MEYER, DIRECTOR
815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS (CONTINUED)

Name and Title: BRETT O. MEYER, TREASURER
815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

Name and Title: BRETT O. MEYER, SECRETARY
815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BRETT O. MEYER
815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

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

Brett O. Meyer
Signature of registered agent: BRETT O. MEYER

1/19/2012
Date

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

BRETT O. MEYER
815 NE 28TH STREET
#104
WILTON MANORS, FL 33334-2540 USA

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.

Brett O. Meyer
Signature of incorporator: BRETT O. MEYER

1/19/2012
Date