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SECRULARY OF STATE
)WISH'S OF CORPORATION



## **COVER LETTER**

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

| subject: Better Living and N                           | Narketplace, Inc.   |
|--|---|
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and a check for:  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status     | \$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED   |
| •  |   |
| FROM: Valerie Cal                                      | abrese  |
| 1391 NW St. Luci                                       |   |
| Port St. Lucie   | <del></del>   |
| 773-475-6<br>Daytime Te                                | 2011 St.  |
| E-mail address: (to be used                            | att.net for future annual report notification)  22 PH 22  22 PH 22  22 PH 23  23 PH 25 PH |

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)

|                                       | VCIPAL OFFICE Principal street address  | Mailing addres                         | s, if different is:                   |
|---------------------------------------|---|--|---------------------------------------|
|                                       | · <del></del>   | <del>-</del>                           |                                       |
| Por                                   | INW St. Lucie West Bl<br>t. St. Lucic, FL 34986                                       |  | · · · · · · · · · · · · · · · · · · · |
| RTICLE III PURI                       |   |  | 72 No. 25                             |
| he purpose for which th               | ne corporation is organized is:   | limiting at for                        | <b>X</b> 13                           |
| 10                                    | produce a local ac  | ivertisment to                         | 2                                     |
| rea                                   | ders to patron.   |  | 4 c                                   |
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| RTICLE IV SHA                         |   |  | TATE<br>RATH<br>2: 28                 |
| he number of shares of s              | • -   |  | 8 10 Kg                               |
| Name and Title: V                     | IAL OFFICERS AND/OR DIRECT  | ORS Name and Title:                    | S                                     |
| Address:                              | alerie Calabrese Cowne<br>391 NW St. Lucie West b<br>ort St. Lucie, FL 34986          | · Address:                             |                                       |
| M                                     | ONT ST. LUCIE, FL 34984   | <u> </u>                               |                                       |
| Name and Title:                       |   | Name and Title:                        |                                       |
| Address:                              |   |  |                                       |
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| Nome and Title:                       |   | Name and Title:                        |                                       |
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| _                                     |   |  |                                       |
| RTICLE VI REG                         | ISTERED AGENT   |  |                                       |
| he <u>name and Florida s</u> t        | reet address (P.O. Box NOT acceptable   | ) of the registered agent is:          |                                       |
| Name:                                 | lalerie Calabrose<br>1391 N.W. St. Lucie Wes  | FBlvd .                                |                                       |
| 4                                     | 1391 N.W. St. Lucie Wes<br>Port St. Lucie, FL 349                                     | 186                                    |                                       |
|                                       | DRPORATOR   |  |                                       |
| he <u>name and address</u> o<br>Name: | Valerie l'Alabrece.   |  |                                       |
| Address:                              | 1391 NW St. Lucie W.  | est Blvd.                              |                                       |
| -                                     | PORT OF LUCKE, LL 34  | 1786                                   |                                       |
|                                       | egistered agent to accept service of pro<br>liar with and accept the appointment as   |  |                                       |
|                                       | Mal . al  |  | -1. 1.6                               |
| fallre                                | Page in a Simple of Page intered Agent  |  | 3/20/12                               |
|                                       | Required Signature/Registered Agent   | _                                      | Date                                  |
|                                       | and affirm that the facts stated herein<br>ent of State constitutes a third degree fe |  |                                       |
| 1/00.0                                | () 1 ds   | ······································ | 2/2/-                                 |
| M/(XL)rx                              | e calabrese   |  | 2120112                               |