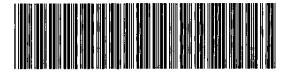
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Office Use Only



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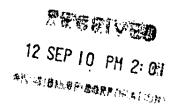
COVER LETTER

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

SUBJECT: JUST About (PROPOSED CORPOR	You Always, Inc.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	rticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Ana Mc	DCOT 1 ne (Printed or typed)
156 Miani	Address
Indialantic	$F_{\text{y}} = 30903 - 3517$ y) State & Zip
$\frac{561 - 843 - }{\text{Daytime}}$	Telephone number
E-mail address: (to be us	sed for future annual report notification)

NOTE: Please provide the original and one copy of the articles.





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2012

ANA MCQUEARY 156 MIAMI AVE INDIALANTIC, FL 32903-3517

SUBJECT: JUST ABOUT YOU ALWAYS, INC.

Ref. Number: W12000044409

We have received your document for JUST ABOUT YOU ALWAYS, INC. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please complete Article(s) I.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 812A00021872

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and for Chapter 621, F.S. (Profit)

Principal street address 156 Myoni Ave Tadic lontic, Ft. 32903 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Health and Wellnes ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: And Mr. Queary, Areside Address: Name and Title: Address: Name and Title: Address:	RS Address: Address: Name and Title Name and Title Address: Name and Title Name and Title	le:		
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<i>RTICLE VI REGISTERED AGENT</i> he <u>name and Florida street address</u> (P.O. Box NO T acceptable) of	f the registered ago	ent is:	med. "	
Name: Ann Ma Duaca		om is.	N	- -
Address: 156 Miani. Ale	-			[5] ;
Address: 156 Miani. Ale Indialontic FL 3290	<u> 5</u>			
			0 🖟	450
RTICLE VII INCORPORATOR			70	٠,,
ne <u>name and address</u> of the Incorporator is: Name: Roby Bokilo Bok	en Blag Oke V b	Silling	ئے مشہ د	<u></u> -
Address: 2774 N Aerbor Cit	242	- J		
No 16 F. 32935	2010 92		မ ေ	70x
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aving been named as registered agent to accept service of process				ignated
is certificate, I am familiar with and accept the appointment as reg	istered agent and	l agree to act in	this capacity	
Ches Ma Clever			8/20	19
Required Signature/Registered Agent			Date	