

P12000096176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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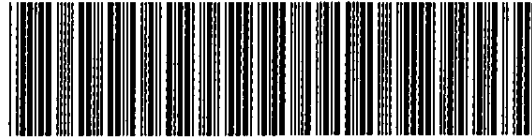
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

11/20  
8

## COVER LETTER

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

SUBJECT: **ABUNDANT HEALTHY LIVING SUPPLEMENTS CORP**  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **CAROLINA PACHECO**

Name (Printed or typed)

**7105 WEST 12 AVE #5**

Address

**HIALEAH FL 33014**

City, State & Zip

**305-828-06900**

Daytime Telephone number

**SISACCOUNTINGSERVICE@GMAIL.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: Abundant Healthy living Supplements Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14972 SW 173 TERR

MIAMI FL 33187

Mailing address, if different is:

14972 SW 173 TERR

MIAMI FL 33187

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale and marketing of Health Supplements.

**ARTICLE IV SHARES**

The number of shares of stock is: 500.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RENE BUSTAMANTE

Address: 14972 SW 173 TERR

MIAMI FL 33187

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RENE BUSTAMANTE

Address: 14972 SW 173 TERR

MIAMI FL 33187

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RENE BUSTAMANTE

Address: 14972 SW 173 TERR

MIAMI FL 33187

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



Required Signature/Registered Agent

NOV 15 2012

Date

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.



Required Signature/Incorporator

NOV 15 2012

Date

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12 NOV 19 PM 12:45  
SECRETARY OF STATE  
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