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(850) 617-6381

Division of Corporations

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : I200800000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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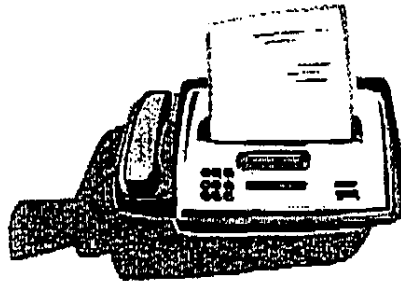
**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALANS HEALTH FOOD, INC**

Certificate of Status	1
Certified Copy	0
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## KIJOENNA SERVICES, INC



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### FACSIMILE TRANSMITTAL SHEET

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TO:  
DIVISION OF CORPORATION

FROM:  
KRISJOENNA SERVICES INC

Company:  
**ALANS HEALTH FOOD, INC**

DATE:  
04/01/2013

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To: 850 617 6381 P.3/4  
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DIVISION OF CORPORATIONS  
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## **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:

**ALANS HEALTH FOOD, INC**

### **ARTICLE II PRINCIPAL OFFICE**

Principal and Mailing street address:

**150 SE 25<sup>TH</sup> RD Suite 11H  
Miami, FL 33129**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL PURPOSES**

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Title: **DIRECTOR**  
Name: **ESTELA YONG**  
Address: **150 SE 25<sup>TH</sup> RD Suite 11H  
Miami, FL 33129**

Title: **PRESIDENT**  
Name: **WALTER GOMEZ**  
Address: **150 SE 25<sup>TH</sup> RD Suite 11H  
Miami, FL 33129**

Title: **VICE-PRESIDENT**  
Name: **ALICIA AGRAA**  
Address: **150 SE 25<sup>TH</sup> RD Suite 11H  
Miami, FL 33129**

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DIVISION OF CORPORATIONS  
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**ARTICLE VI REGISTERED AGENT**

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

Name: ESTELA YONG  
Address: 150 SE 25<sup>TH</sup> RD Suite 11H  
Miami, FL 33129

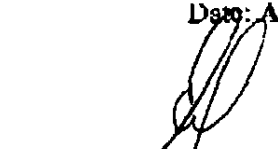
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ESTELA YONG  
Address: 150 SE 25<sup>TH</sup> RD Suite 11H  
Miami, FL 33129


*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*

Date: April 1, 2013

  
\_\_\_\_\_  
Required Signature/Registered Agent

*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.*

Date: April 1, 2013

  
\_\_\_\_\_  
Required Signature/Incorporator