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COVERLETTER

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

SÜBJECT:	Healthy	Cells	Corp			
		<i>IPROPOSE</i>	O CORPORA	TE NAME -	MUST INCLU	DE SHEFTX

λM∙	Alexandra Almeida		
,# 1,ML1	Name (Printed or typed)		
	7065 Venice Way #3004		
	Address		
	Naples, FI 34119		
	City, State & Zip		
	786 229-2788		
	Daytime Telephone number		
	Alexalmeida0818@gmail.com E-mail address: (to be used for future annual report notification)		

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



July 31, 2013

ALEXANDRA ALMEIDA 7065 VENICE WAY #3004 NAPLES, FL 34119

SUBJECT: NATURAL HEALTH CORP.

Ref. Number: W13000042781

We have received your document for NATURAL HEALTH CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 813A00018432

13 AUG 14 PH 2: 56

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Proliv)

e name of the			
RTICLE II	PRINCIPAL OFFICE Principal street address	Mailing	address, if different is:
065 Ven	ice Way #3004		
laples, F	H 34119		
			
RTICLE III	PURPOSE Tolomo	rkating Sanjaa	
e purpose for	PURPOSE which the corporation is organized is:	reung Service	:5
——————————————————————————————————————			
			SECI-ALL
			AUC F
			AARY ASSE
			(T) (-) _ (T)
RTICLE IV	SHARES 400 above 1/1/4 00 an	-1-	
RTTCLE IV e number of sh	shares of stock is: 100 shares/\$1.00 ea	ch_	PH 4:46 OF STATE E-PLOSTE
CTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	PH 4: 46 DF STATE E. FLOREN
Name a	INITIAL OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004	Name and Title:	PH 4: 46 DF STATE E. FLOREN
CTICLE V	netral officers and/or director and Title: Alexandra Almeida President 7065 Venice Way #3004	<u>s</u>	PH 4: 46 DF STATE E. FLOREN
Name a	INITIAL OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004	Name and Title:	PH 4: 46 DF STATE E. FLOREN
Name a	netral officers and/or director and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120	Name and Title:	PH 4: 46 DF STATE E. FLOREN
Name a	INITIAL OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120 Machine Sertin	Name and Title: Address:	PH 4: 46 DF STATE E. FLOREN
Name a	nettal OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120 Ad Title: Vilma Bertin 10131 SW 154th Cir Ct	Name and Title: Address: Name and Title:	ED PH 4: 46
Name at Address Name an	nettal OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120 Ad Title: Vilma Bertin 10131 SW 154th Cir Ct	Name and Title: Address: Name and Title:	PH 4: 46
Name at Address Name an	INITIAL OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120 Maples Vilma Bertin 10131 SW 154th Cir Ct	Name and Title: Address: Name and Title:	PH 4: 46
Name at Address Name an Address	INITIAL OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120 Mad Title: Vilma Bertin 10131 SW 154th Cir Ct #105	Name and Title: Address: Name and Title: Address:	PH 4: 46
Name at Address Name an Address	nettal OFFICERS AND/OR DIRECTOR and Title: Alexandra Almeida President 7065 Venice Way #3004 Naples, FI 34120 Vilma Bertin 10131 SW 154th Cir Ct #105 Miami, FI 33196	Name and Title: Address: Name and Title: Address:	PH 4: 46

Name an	nd Title:	Name and Title:
Address		Address:
		<u> </u>
<i>ARTICLE VI</i> The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Alexandra Almeida	1 IAI
Address:	7065 Venice Way #3004	3 AU
riddress.	Naples, Fl 34119	IARY
ARTICLE VII	INCORPORATOR	PH 4:
The <u>name and a</u>	ddress of the Incorporator is:	66
Name:	Alexandra Almeida	_
Address:	7065 Venice Way#3004	
	Naples, Fl 34119	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated gistered agent and agree to act in this capacity
(AP couc	ada (Mara	07/23/2013
	Required Signature/Registered Agent	Date
	nument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.
(00a)	adia Cheid	07/23/2013
$\mathcal{L}_{\mathcal{M}}$		