

MAR/26/2014/WED 11:01 AM

FAX No.

P.001

3/26/2014

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P14000027324

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000072656 3)))



H140000726563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
THE HEALTHY WAY NUTRITION HD CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

3/27/14

RECEIVED
14 MAR 26 PM 1:00
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR/26/2014/WED 11:01 AM

FAX No.

P. 002

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: THE HEALTHY WAY NUTRITION HD CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2024 SW 57 AVE

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 26 AM 9:54

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAHAYRA BUTLER (P/D)

Name and Title: _____

Address

2024 SW 57 AVE

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

MAR/26/2014/WED 11:01 AM

FAX No.

P. 003

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JAHAYRA BUTLER
Address: 2024 SW 57 AVE
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

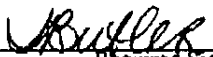
The name and address of the Incorporator is:

Name: JAHAYRA BUTLER
Address: 2024 SW 57 AVE
MIAMI, FL 33155

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

 MARCH 24, 2014
Required Signature/Registered Agent 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.

 MARCH 24, 2014
Required Signature/Incorporator Date