PIH 0000237656

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300256034133

02/13/14--01019--004 **78.75

300256034133 03/18/14--01021--001 ***8.75

SECRETARY OF STATE OVERSION OF CORPORATIONS

14 MAR 26 AM 9: 57

TO MAR 26 AM 9: 57

COVER LETTER

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

SUBJECT:	HiFiWell	ness Inc					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
	ADDITIONAL COPY REQUIRED						
Enclosed is a Check for the difference							
FROM: Christopher Ryan Hill Name (Printed or typed)							
50 Bis cayne Blue #604							
Marifel 33132 City, State & Zip							
319-331-4006							
Daytime Telephone number							
	E-mail address: (to be use	gmail. Com	notification)				

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



February 17, 2014

CHRISTOPHER HILL 50 BISCAYNE BLVD., #604 MIAMI, FL

SUBJECT: HIFIWELLNESS, INC. Ref. Number: W14000010237

We have received your document for HIFIWELLNESS, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please find enclosed a new form. This form must be filled out completely.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 514A00003555

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

LE II P	RINCIPAL OFFICE				
	Principal street address		Mailing a	ddress, if different i	s:
BISCO	yne Blud #6, 33132	04			
mi, Fl	33137				
m110	, <u>33130</u>				
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LE III PU	RPOSE	oudis: <u>The USE</u> Wentitive M	of Weal	Ha and	1. Yall
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	HARES of stock is: (U)	D/OR DIRECTORS	dan t		
	NITIAL OFFICERS AND	D/OR DIRECTORS	dent		
<i>LE V II</i> Name and T	NITIAL OFFICERS AND	HIII - Pres	dent and Title:		
LE V II	vitial officers and ide Christopher 50 Biscayne	D/OR DIRECTORS HILL - Pres Blvd #604 Addi	dent eand Title:ess:		
<i>LE V 11</i> Name and T	NITIAL OFFICERS AND	HIII - Pres	dent and Title: ess:		
<i>LE V II</i> Name and T	vitial officers and ide Christopher 50 Biscayne	HIII - Pres	dent and Title: ess:		
LE V 11 Name and T Address	SO BISCAYNE MIGMI, FL	HIII - Pres Blvd #604 Addi 33132			
LE V 11 Name and T Address	SO BISCAYNE MIGMI, FL	HIII - Pres			
LE V 11 Name and T Address	SO BISCAYNE MICHILL FL	HIII - Pres Blvd #604 Addi 33132	e and Title:		
Name and To Address	SO BISCAYNE MICHILL FL	HIII - Pres BIVD #604 Addi 33137 Nam	e and Title:ess:		
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Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) o	i'the registered agent is:
Name: UNVISTOPHE/ HILL	-
Address: 50 BISCALING BLE #600	<u> </u>
Mani FL 33132	-
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Christopher Hall	_
Address: SO BISCOUPLE BIND #60	
Man, Fl 33/32	_
Having been named as registered agent to accept service of process his certificate. I am familiar with and accept the appointment as reg	
nis ceripicue; um juminar win una accept the appointment as res	gistered agent unit agree to det in mis capacity
Required Signature/Registered Agent	Jan Hang
submit this document and affirm that the facts stated herein are	
locupter to the Department of State constitutes a third degree felon	ny ys pfovided for in s.817.155, F.S.
Required Signature/Incorporation	19616
regards inglitude incorporation	Date 1