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(Re	equestor's Name)	
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(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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14 MAY 19 AM 9: 25 SECRETARY OF STATE FALL AHASSEE, FLORIDA

WK-29209

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MD5/22

COVER LETTER

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

SUBJECT: HE	ALTHY HOME AND BODY. IN (PROPOSED CORPORA	THE RIADER BELLOTE INC.	UDA CHEERA
	(PROPOSED CORPORA	TIE NAME – <u>Musi incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	XX \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		ADDITIONAL CC	of I REQUIRED
FROM:	RAFAEL RUBIO Name	e (Printed or typed)	
	944 REYNOLDS RD., L	OT #140	
	LAKELAND, FL 33801	Address	
	City,	State & Zip	
	(863) 808-6240		
	Daytime T	elephone number	
	nicolasirismelo20006 E-mail address: (to be use	yahoo.com	
	E-mail address: (to be use	d for future annual report	notification)

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



May 8, 2014

RAFAEL A. RUBIO 944 REYNOLDS RD., LOT #140 LAKELAND, FL 33801

SUBJECT: HEALTHY HOME AND BODY, INC.

Ref. Number: W14000029209

We have received your document for HEALTHY HOME AND BODY, 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 114A00009895

ARTICLE I NA	<u>ME</u>			
The name of the corpo	ration shall be: HEALTHY HOME AND B	ODY, INC.		
ARTICLE'II PR	INCIPAL OFFICE			7
	Principal street address	1	Mailing address, if different is:	M TO
2305 COLONIA	(AVENITE			
			<u> </u>	
LAKELAND, FL	33801		mg	3
•			FLOS	⊃ يو
				72
ARTICLE III PU	RPOSE			CJ
The purpose for which	h the corporation is organized is: WITHOUT	PREJUDICE	IO ANY OTHER, EDUCATE	AND
_ACTIVITIES_A	IMED AT CLEANING HOME AND WORK	PLACE AS W	ELL AS FEED AND CARE	FOR
		,		
FOR THE BODY	P			
				<u> </u>
				•
ARTICLE IV SH	IARES			
The number of shares				
	•			
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS	<u>s</u>		
N 177	A DARARI DUDIO BRECIBENT		TOTA DEDITOR MAIO CE	CDFTADV
Name and Ti	tle: RAFAEL RUBIO PRESIDENT	Name and Title	IRIS PERALTA-MELO SE	CRETARY
Address	944 REYNOLDS RD., LOT. #140	Address:	2305 COLONIAL AVENUE	· ·
		_		
	LAKELAND, FL 33801	-	LAKELAND, FL 33801	
		-		
Name and Tit	la.	Name and Title		
Name and Th	le:	Name and Title		
Address		Address:		
		-		:
		-		
Name and Tit	le:	Name and Title:		·····
Address		Address:		
Address		_ Address:		
		_		
		-		<u> </u>

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Fle	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	IRIS PERALTA-MELO	<u> </u>	<u> </u>
Address:	2305. COLONIAL: AVENUE).	- Hi	3 1
	LAKELAND, FLO 33801		
ARTICLE VII	INCORPORATOR	කි ඩ ඩ	19 A 9: 2
The <u>name and ad</u>	dress of the Incorporator is:		25
Name:	RAFAEL RUBIO	-	
Address:	944 REYNOLDS RD., LOT. #140	-	
	LAKELAND, FL 33801	-	
	ned as registered agent to accept service of proces. Im familiar with and accept the appointment as re		
151		5/15	12014
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor		tion submitted in a
F.	Patrol Rution	51	15/2014
	Required Signature/Incorporator		Date

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