

COVER LETTER

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

SUBJECT: SOLELY YOURS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

FROM: DR. ANNA MARIE CHWASTIAK

Name (Printed or typed)

27650 SE HIGHWAY 42

Address

UMATILLA, FL 32784-8750

City, State & Zip

410-652-1425

Daytime Telephone number

DRANNAMARIE@YOURLIFETV.COM

E-mail address: (to be used for future annual report notification)

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

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: SOLELY YOURS INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 27650 SE HIGHWAY 42
UMATILLA, FL 32784-8750
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PODIATRIST

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ANNA MARIE CHWASTIAK PRESIDENT</u>	Name and Title:	_____
Address	<u>27650 SE HIGHWAY 42</u> <u>UMATILLA, FL 32784-8750</u>	Address:	_____

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

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

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(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: DR. ANNA MARIE CHWASTIAK
 Address: 27650 SE HIGHWAY 42
UMATILLA, FL 32784-8750

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: DR. ANNA MARIE CHWASTIAK
 Address: 27650 SE HIGHWAY 42
UMATILLA, FL 32784-8750

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

 10/12/14
 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.

 10/12/14
 Required Signature/Incorporator Date

14 OCT 16 PM 3:26
 PER 010
 STATE DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA