

P/5000018525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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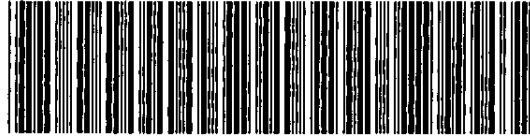
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/15--01032--008 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 FEB 23 AM 8:30

K 02/26/15

COVER LETTER

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

SUBJECT: **2 Be Healthy 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: **Janet Galipo**

Name (Printed or typed)

333 W 41 STREET, Suite 414

Address

MIAMI, FL 33140

City, State & Zip

305-538-8998

Daytime Telephone number

janet@janetgalipo.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: 2 Be Healthy Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
2251-2253 SW 22nd Street
Miami, FL 33145

Mailing address, if different is:
333 W 41 Street
Suite 414
Miami Beach, FL 33140

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The purpose of 2 Be Healthy Inc., is to bring
preventative, restorative, and affordable lifelong holistic health solutions to individuals.
will bring a combination of treatments and holistic modalities
as well as Chinese medicine and herbs to help individuals achieve optimum health
and maintain a healthy lifestyle.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|------------------------------|-----------------|-------|
| Name and Title: | <u>Janet Galipo, Owner</u> | Name and Title: | _____ |
| Address | <u>333 W 41 Street</u> | Address: | _____ |
| | <u>Suite 414</u> | | _____ |
| | <u>Miami Beach, FL 33140</u> | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| 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: Janet Galipo

Address: 333 W 41 Street, Suite 414

Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janet Galipo

Address: 333 W 41 Street, Suite 414

Miami Beach, FL 33140

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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

Janet Galipo
Required Signature/Registered Agent

2/17/2015

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.

Janet Galipo
Required Signature/Incorporator

2/17/2015

Date