

P. 15000028272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

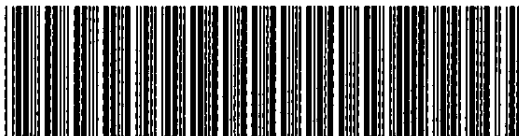
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000270666460

03/24/15--01003--007 \*\*70.00

FILED  
15 MAR 24 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: Healthy Habitz Food Co.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Domenic Balzano  
Name (Printed or typed)

492 NW Sherbrooke  
Address

Port Saint Lucie, FL, 34983  
City, State & Zip

(772) 342-6276  
Daytime Telephone number

neckool7@yahoo.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: HEALTHY HABITZ Food Co

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

492 NW Sherbrooke

Port Saint Lucie, FL, 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For preparing and selling MEALS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

FILED  
15 MAR 24 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Domenic Balzano Name and Title: \_\_\_\_\_

Address: OWNER Address: \_\_\_\_\_

492 NW Sherbrooke  
Port St. Lucie, FL 34983

Name and Title: Armando BALZANO Name and Title: \_\_\_\_\_

Address: OWNER Address: \_\_\_\_\_

2607 SE Emmett rd  
PSL, FL, 34952

Name and Title: Fabrizio Scaccia Name and Title: \_\_\_\_\_

Address: 420 NW Raymond lane Address: \_\_\_\_\_

PSL, FL, 34983

(conti.)

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: DOMENIC BALZANO

Address: 492 NW Sherbrooke ave  
Port Saint Lucie, FL, 34983

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DOMENIC Balzano

Address: 492 NW Sherbrooke  
Port Saint Lucie, FL, 34983

*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*

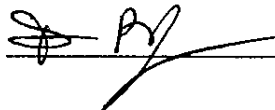


Required Signature/Registered Agent

3/13/15

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.*



Required Signature/Incorporator

3/13/15

Date