

P1600018077

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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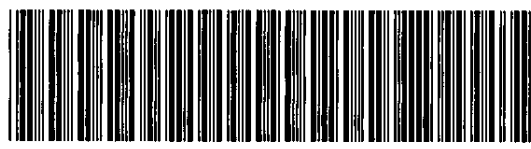
Special Instructions to Filing Officer:

Office Use Only

W1600018077

FEB 26 2016

T. SCOTT



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12/21/15--01001--025 \*\*78.75

16 FEB - 2 AM 11:50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2016

SHERI NELSON  
791 NW 104TH AVE  
PEMBROKE PINES, FL 33026

SUBJECT: FOOD IS MEDICINE, INC.  
Ref. Number: W16000001272

We have received your document for FOOD IS MEDICINE, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 216A00000553

## COVER LETTER

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

SUBJECT: ~~XXXXXXXXXXXX~~ Healthy Temple 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      ☒ \$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: SHERI NELSON  
Name (Printed or typed)  
791 NW 104TH AVE  
Address  
PEMBROKE PINES, FLORIDA 33026  
City, State & Zip  
561-351-8578  
Daytime Telephone number  
AKAROMEOSKILL123@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 Temple Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

791 NW 104TH AVE

PEMBROKE PINES FL, 33026

**ARTICLE III PURPOSE**

FOR DIETARY AND NUTRITIONAL COUNSELING

The purpose for which the corporation is organized is:

AND ADVISING.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

16 FEB - 1 2011 11:50

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

Name and Title: SHERI NELSON-PRESIDENT

Address: 791 NW 104TH AVE

PEMBROKE PINES FL, 33026

Name and Title: GAVIN NELSON-VICE PRESIDENT

Address: 791 NW 104TH AVE

PEMBROKE PINES FL, 33026

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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: GAVIN NELSON  
Address: 791 NW 104TH AVE  
PEMBROKE PINES FL., 33026

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SHERI NELSON  
Address: 791 NW 104TH AVE  
PEMBROKE PINES FL., 33026

**ARTICLE VIII EFFECTIVE DATE:** 12/14/2015

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

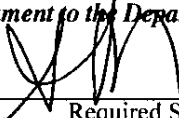


Required Signature/Registered Agent

12/14/15

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

12/14/15

Date