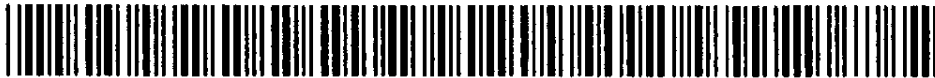


P17000039533

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000114519 3)))



H170001145193ABC\$

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**DelaHealthy, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2017 APR 26 11:14:45  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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QY



April 27, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: DELAHEALTHY, INC.  
REF: W17000036253

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H17000114519  
Letter Number: 217A00008261

2017 APR 26 PM 1:45  
NOTARIAL PUBLIC  
TALLAHASSEE, FLORIDA

**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: DataHealthy, Inc.

<b>ARTICLE II PRINCIPAL OFFICE</b>	
Principal <u>street</u> address	Mailing address, if different is:
<u>6222 NW 125 Ave</u>	<u>6222 NW 125 Ave</u>
<u>Coral Springs, FL 33076</u>	<u>Coral Springs, FL 33076</u>

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The Corporation will engage in any activity or business permitted  
under the laws of the State of Florida and the United States of America.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title: <u>Amycla De la Hortua / President/Secretary</u>	Name and Title: _____
Address: _____	Address: _____
<u>6222 NW 125 Ave</u>	_____
<u>Coral Springs, Florida 33076</u>	_____
_____	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
_____	_____

*cel*

2017 APR 26 PM 1:46

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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: Anyela De la Hortua  
Address: 6222 NW 125 Ave  
Coral Springs, Fl 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anyela De la Hortua  
Address: 6222 NW 125 Ave  
Coral Springs, Fl 33076

**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

Anyela De la Hortua  
Required Signature/Registered Agent

04-25-2017  
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.*

Anyela De la Hortua  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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