

18 DEC 21 PM 2:45
FLA ADVISSE, FLORIDA

COVER LETTER

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

SUBJECT: healthfortunehappiness.com, 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: Nathan F Shaw

Name (Printed or typed)

10580 Colonial #114

Address

Fort Myers, FL 33913

City, State & Zip

239-245-7401/239-297-1551

Daytime Telephone number

nathan@healthfortunehappiness.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: healthfortunehappiness.com, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10580 Colonial #114

Fort Myers, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing opportunity to create better health and happiness in life.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

N Fred Shaw. President

Address

10580 Colonial #114

Fort Myers, FL 33913

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: N Fred Shaw _____

Address: 10580 Colonial #114 _____

Fort Myers, FL 33913 _____

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ARTICLE VII INCORPORATOR

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

Name: N Fred Shaw _____

Address: 10580 Colonial #114 _____

Fort Myers, FL 33913 _____

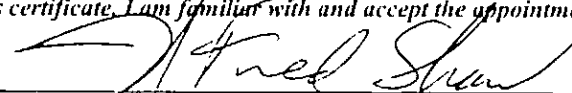
ARTICLE VIII EFFECTIVE DATE: 12/16/2018

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:



Required Signature/Registered Agent

12/16/18

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

12/16/18

Date