

P220000030077

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

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

Email Address: Wftaxes.more@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTHY QUEST VEG & BERRIE CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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CORPORATIONS
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COVER LETTER

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

SUBJECT: HEALTHY QUEST VEG & BERRIE CORP
(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: CHRISTOPHER ANTHONY ROUSEY
Name (Printed or typed)
1505 SW MOCKINGBIRD CIR
Address
PORT ST LUCIE, FL 34986
City, State & Zip
813-478-3741
Daytime Telephone number
WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
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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 QUEST VEG & BERRIE CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1505 SW MOCKINGBIRD CIR
PORT ST LUCIE, FL 34986

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER ANTHONY ROUSEY, PRESIDENT Name and Title: JANAINA CASTRO, VICE PRESIDENT
Address: 1505 SW MOCKINGBIRD CIR Address: 1505 SW MOCKINGBIRD CIR
PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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CLERK OF DISTRICT COURT
PORT ST. LUCIE, FL

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: CHRISTOPHER ANTHONY ROUSEY
 Address: 1505 SW MOCKINGBIRD CIR
PORT ST LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ
 Address: 508 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34983

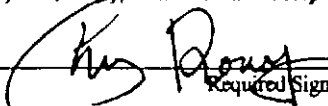
ARTICLE VIII EFFECTIVE DATE:

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

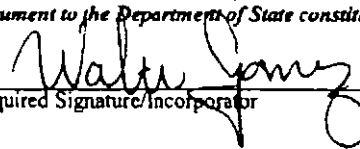
(If no effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 04/20/2022
 Required Signature/Registered Agent 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.

 04/20/2022
 Required Signature/Incorporator Date

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 TALLAHASSEE FL