

P23000057617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

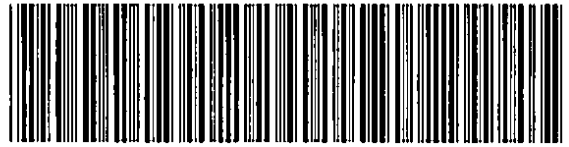
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COVER LETTER

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

SUBJECT: HEALTHYLIFEUSA,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: Ashley Cullinane - Registered Agent Solutions, Inc.

Name (Printed or typed)

100 Wall St., Suite 1401

Address

New York, NY 10005

City, State & Zip

800-906-9220

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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FILED

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: HEALTHYLIFEUSA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4100 ISLAND BLVD, UNIT 1402
AVENTURA, FL 33160

Mailing address, if different is:
4100 ISLAND BLVD, UNIT 1402
AVENTURA, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARINA GOFMAN, PRESIDENT

Name and Title: _____

Address 4100 ISLAND BLVD, UNIT 1402
AVENTURA, FL 33160

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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: MARINA GOFMAN
Address: 4100 ISLAND BLVD, UNIT 1402
AVENTURA, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARINA GOFMAN
Address: 4100 ISLAND BLVD, UNIT 1402
AVENTURA, FL 33160

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

S/ MARINA GOFMAN 8/4/2023
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.

/S/ MARINA GOFMAN 8/4/2023
Required Signature/Incorporator Date

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CLERK OF COURT
CLERK OF COURT