

P96000084675

TRANSMITTAL LETTER

FILED

96 OCT 10 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: HEALTHY HORIZONS INC  
(Proposed corporate name - must include suffix)

700001870377  
-10/10/96--01032--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CHRISTOS IFANTIDES  
Name (Printed or typed)

701 SW CAPE CORAL PKY  
Address

CAPE CORAL FL 33914  
City, State & Zip

(941) 945-2755  
Daytime Telephone number

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

10-14-96

## ARTICLES OF INCORPORATION

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TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: HEALTHY HORIZONS INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

701 SW CAPE CORAL PKY  
CAPE CORAL FL 33914

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHRISTOS IFANTIDE  
701 SW CAPE CORAL PKY  
CAPE CORAL FL 33914

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CHRISTOS IFANTIDES  
701 SW CAPE CORAL PKY  
CAPE CORAL FL 33914

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3<sup>RD</sup> day of OCT, 19 96.

(An additional article must be added if an effective date is requested.)

Christos Ifantides  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. The name of the corporation is: HEALTHY HORIZONS INC
2. The name and address of the registered agent and office is:

CHRISTOS IFANTIDES  
(NAME)

701 SW CAPE CORAL PKWY  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CAPE CORAL FL 33914  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Christos Ifantides 10/3/96  
(SIGNATURE) (DATE)