

TRANSMITTAL LETTER
P97000004863

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

SUBJECT: HEALTHIER WAY OF LIFE INC.
(Proposed corporate name - must include suffix)

500002056205--9
-01/14/97--01016--004
****122.50 ****122.50

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: JOAN WILLIAMS
Name (printed or typed)
1545 N.E. 206 STREET
Address
NORTH MIAMI BEACH, FLA. 33179
City, State & Zip
(305) 653-7854
Daytime Telephone number

FILED
97 JAN 13 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16

BSB

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

ARTICLES OF INCORPORATION

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:

HEALTHIER WAY OF LIFE INC.

ARTICLE II PRINCIPAL OFFICE

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

1545 N.E. 206 STREET
NORTH MIAMI BEACH, FLA. 33179

ARTICLE III SHARES

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

\$100.00 (\$1.00 PER SHARES)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOAN WILLIAMS
1545 N.E. 206 STREET
NORTH MIAMI BEACH, FLA. 33179

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

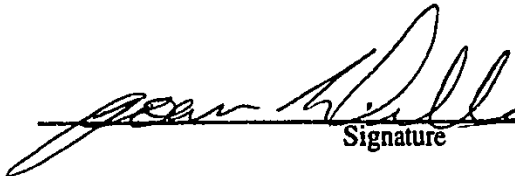
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOAN WILLIAMS
1545 N.E. 206 STREET
NORTH MIAMI BEACH, FLA. 33179

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

23rd day of SEPTEMBER, 19 96.

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



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.

1. The name of the corporation is: HEALTHIER WAY OF LIFE INC.

2. The name and address of the registered agent and office is:

JOAN WILLIAMS

(NAME)

1545 N.E. 206 STREET

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

NORTH MIAMI BEACH, FLA 33179

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.


(SIGNATURE)


(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314