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TRANSMITTAL LETTER

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

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-09/04/97--01018--001
****131.25 ****131.25

SUBJECT:

Healthy Feet, Inc.

(Proposed corporate name - must include suffix)

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:

Cynthia Ann Gallo

Name (Printed or typed)

9300 Clubside Circle, #1205

Address

Sarasota FL 34238

City, State & Zip

941-966-0122

Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

97 SEP -4 AM 10:16

FILED

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

TM-9/5/97

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Healthy Feet, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3801 Bee Ridge Road
Suite 2
Sarasota, FL 34233

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 Florida street address of the initial registered agent are:

Cynthia Gallo
9300 Clubside Circle #1205
Sarasota FL 34238

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Cynthia Gallo
9300 Clubside Circle #1205
Sarasota FL 34238

Cynthia Gallo
Signature/Incorporator

8/27/97
Date

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

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

Cynthia Gallo
Signature/Registered Agent

8/29/97
Date

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TALLAHASSEE, FLORIDA