

TRANSMITTAL LETTER

P 000000 24004

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

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-03/02/00--01079--007
*****78.75 *****78.75

SUBJECT: CENTRAL FLORIDA NATURAL HEALTH OPTIONS 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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR -2 PM 3:13

FILED

FROM: GREG GARRISON
Name (Printed or typed)

2000 S. PRINCE Ct.
Address

WINTER PARK FL 32792
City, State & Zip

407 312-8942
Daytime Telephone number

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

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:

CENTRAL FLORIDA NATURAL HEALTH OPTIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

2000 S. PRINCE CT.
WINTER PARK FL 32792

ARTICLE III SHARES

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

1000 shares (NO par value)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

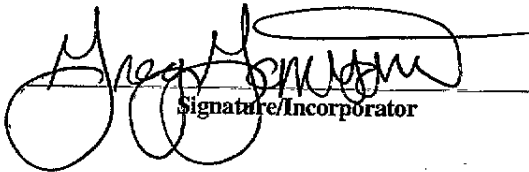
The name and Florida street address of the initial registered agent are:

GREG GARRISON 2000 S. PRINCE CT.
WINTER PARK FL 32792

ARTICLE V INCORPORATOR

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

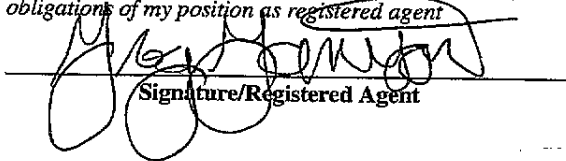
GREG GARRISON 2000 S. PRINCE CT
WINTER PARK FL 32792


Signature/Incorporator

02/26/00
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


Signature/Registered Agent

02/26/00
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA