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TRANSMITTAL LETTER

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

600003377696--8
-08/30/00--01058--021
*****78.75 *****78.75

SUBJECT: Diet-Plane, 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

FROM: Donna Wilson
Name (Printed or typed)

2714 Mock Orange CT
Address

Valrico, FL 33594
City, State & Zip

Donna Wilson GAVE
AUTHORIZATION BY PHONE TO
CORRECT # of Shares OK to use
DATE 9-5-00
100
SEC. EXAM J. Buge

813-654-8326
Daytime Telephone number

FILED
00 AUG 30 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

Diet-Plane, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2714 Mock Orange CT, Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Diet-Plane Inc. will provide consultations, pictorials, and individualized programs to assist clients in weight loss through exercise and nutrition.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Eric F. Wilson, Pres, 2714 Mock Orange CT, Valrico, FL
Connie E. Wilson, V-Pres, Same
Donna J. Wilson, Secy/Treas, Same

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Donna Wilson
2714 Mock Orange CT
Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donna Wilson
2714 Mock Orange CT
Valrico, FL 33594

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

Donna Wilson

Signature/Registered Agent

Date

8-25-00

Donna Wilson

Signature/Incorporator

Date

8-25-00

FILED
00 AUG 30 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA