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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : M.A.V. CORPORATE SERVICES
Account Number : I20000000007
Phone : (954)989-4530
Fax Number : (954)966-5273

FLORIDA PROFIT CORPORATION OR P.A.

GOOD HEALTH AND LIFE INC.

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McKnight JUN 05 2001

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ARTICLES OF INCORPORATION

GOOD HEALTH AND LIFE INC.

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: GOOD HEALTH AND LIFE INC.

ARTICLE II PRINCIPAL OFFICE

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

5260 SW 5TH ST.
MIAMI, FLA. 33134

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ARTICLE III SHARES

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

ONE HUNDRED ONE DOLLAR PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NOHORA YOLANDA OCAMPO
5260 SW 5TH ST.
MIAMI, FLA. 33134

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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):

NOHORA YOLANDA OCAMPO	5260 S.W. 5th ST.
PRESIDENT-DIRECTOR	MIAMI, FLORIDA 33134

ELOINA ESTEVEZ	5260 S.W. 5th ST.
VICE-PRESIDENT-DIRECTOR	miami, fl 33134

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

~~3rd~~ day of JUNE, 2001.

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

YOLANDA OCAMPO
 YOLANDA OCAMPO Signature

ELOINA ESTEVEZ
 ELOINA ESTEVEZ Signature

Signature

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FROM : MIKE+VIVANCOS+ACC.SERVICES

PHONE NO. : 19549665273

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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: GOOD HEALTH AND LIFE INC.

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

NOHORA YOLANDA OCAMPO
(NAME)

5260 S.W. 5th ST
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33134
(CITY/STATE/ZIP)

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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.

YOLANDA OCAMPO
(SIGNATURE)

6/3/01
(DATE)

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