Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839 Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

NO FAT PATCH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	(03)
Estimated Charge	\$78.75

B. McKnigh JUN 0 8 2001

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ARTICLES OF INCORPORATION OF NO FAT PATCH, INC.

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 this corporation is NO FAT PATCH, INC.

ARTICLE II PRINCIPAL OFFICE

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

6467 NW 99th Avenue
Parkland, FL 33076

ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

NAME	ADDRESS
Erika I Bondy	6467 NW 99 th Avenue
President, Secretary	Parkland, FL 33076

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Erika I Bondy 6467 NW 99th Avenue Parkland, FL 33076

ARTICLE VI INCORPORATOR

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

Erika I Bondy 6467 NW 99th Avenue Parkland, FL 33076

Erika I Bondy

Jun 6th 2001 Date

ACKNOWLEDGMENT:

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.

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SECRETARY OF STATE