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

500002011915--7 -11/22/96--01012--009 ****122.50

SUBJECT:	E5BLAN	CORPORATION	
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Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$__/\(\)\(\).

FROM:

Name GO VEXYA CORREDATION G.N. C.

Address

NTO WEST P4-Street #20

City, State, & Zip HTA-CIE AFF F1 33014

(305) P23-6140

Telephone Number

11/27

96 NOV 21 PH 1: 16

ARTICLES OF INCORPORATION

<u>OF</u>

ESBLAN CORPORATED

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 | NAME

The name of the corporation shall be:

ESBLAN CORPORATIONS:

ARTICLE II PRINCIPAL OFFICE

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

1550 W. P4 ST # 20 C/O GNC HIALEAH, F1. 33014

ARTICLE III CAPITAL STOCK

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

7,500 SHARES - COHON \$1.00 PAR VALVE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

EDGAR ESPINOSA 1550 W. PAST #20 GO GNC HINCEAN, F1. 33014

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

MR. EDGAR ESPINAGA 1500. W PAST HDO C/OGNC HTACEAH FI 33014

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

 Nowabor 19 of . K
Pradouts
Signature/Fiffs
Signature/Title
Signature/Title

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and county set forth above, personally appeared, all the above Incorporators known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this

x 12 day of Vov. , 1996x

Notary Public

OFFICIAL NOTARY SEAL
RENE QUINONES JR
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC351929
MY COMMISSION EXP. MAR. 1,1998

My Commission Expires: _____

CERTIFICATE OF DESIGNATION 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: ESPLAN CORPORATION
2. The name and address of the registered agent and office is: Mr. EDGAR JECHNOR
1570 W. P4 CT #20 C/OG.A
(P.O. BOX NOI ACCEPTABLE) HALEAH FI 32014
(CITY/STATE/ZIP) CLAHASSEE AND 21 P
SIGNATURE (corporate officer) TITLE LNCOCK OFFICER
DATE 11-12-96 X
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 X
DATE 11-12-96 x