

# N0000000 2213

## TRANSMITTAL LETTER

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

900003190269--6

-03/30/00--01088--003

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: GLU-PRO, INC.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR 30 PM 1:23

FILED

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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Amid Habib, M.D.

Name (Printed or typed)

789 Douglas Ave., Suite 137

Address

Altamonte Springs, FL 32714

City, State & Zip

(407) 862-0107

Daytime Telephone number

F. CHAMBERLAIN

APR

4 2000

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 Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation

## ARTICLE I NAME

The name of the corporation shall be:

GLU-PRO, INC.

## ARTICLE II PRINCIPAL OFFICE

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

789 Douglas Ave., Suite 137  
Altamonte Springs, FL 32714

## ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are)

Compound & Manufacture of Vitamins and minerals combinations useful for diabetic patients.

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Yearly Election.

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Amid Habib, M.D.  
789 Douglas Ave., Suite 137  
Altamonte Springs, FL 32714

## ARTICLE VI INCORPORATOR

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

Amid Habib, M.D.  
789 Douglas Ave., Suite 137  
Altamonte Springs, FL 32714

A-H Habib, M.D.  
Signature/Incorporator

3/23/00  
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.

A-H Habib, M.D.  
Signature/Registered Agent

3/23/00  
Date

FILED  
00 MAR 30 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: GLU-PRO, INC.

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

Amid Habib, M.D.

(Name)

789 Douglas Ave., Suite 137

(P.O. Box not acceptable)

Altamonte Springs, FL 32714

(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

*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.*

*A. H. Habib*

(Signature)

3/23/00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL