## 0000000093

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

SUBJECT: WOM	EN'S INSTI	UTE OFTOTA TENAME-MUSTINCLUI	L HEALTH M DESUFFIX)	<u>v</u> NATURĖ, INC
				38241 -01129005 5 *****78.75
Enclosed is an original a	and one (1) copy of the arti	icles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy	

Status

FROM: WOMEN'S INSTITUTE OF TOTAL

Name (Printed or typed) HEALTH IN NATURE, INC.

ADDITIONAL COPY REQUIRED

& Certificate

WIAMI FL 33143

City, State & Zip

Daytime Telephone number

City State & Zip

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

ARTICLE I NAME  The name of the corporation shall be:	·
Women's Institute of Total Health	in Nature, Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  6280 Sunset Drive Suite 601	
MIAMI FL 33143	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	- 1 Landome
	support to
and men to promote wellness and li	te style changes
and men to promote wellness and li a holistic approach for hetter health an ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	a well being
elected by board of directors	OO SEGR
ARTICLE V INITIAL DIRECTORS OFFICERS The name and addresses:	JUL 24
	JUL 24 MILLIS  RELIES AND LATE  LATES STREET, CORRINA
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADD	
The name and Florida street address of the registered agent is:	
Carolyn Shurman 3608 St. GAUNENS P.W.	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
CAPOLYN SHURMAN	
3608 St. GAUNENS RD. MIAMI FL 33/33 *********************************	

Signature/Registered Agent

() rele, 19, 2000 Date

Quels 19, 2000

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