

TRANSMITTAL LETTER

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

SUBJECT: Well-Spring Prevention, Inc.
 (PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

3000004526953-4
 -08/09/01-01045-023
 ****87.50 ****87.50

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 of
 Status

\$78.75
 Filing Fee
 & Certified Copy
 \$87.50
 Filing Fee,
 Certified Copy
 & Certificate

ADDITIONAL COPY REQUIRED

FROM: Elaine Roach
 Name (Printed or typed)

P.O. Box 5752
 Address

Miami Florida 33014
 City, State & Zip

(305) 829-6512
 Daytime Telephone number

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

01 AUG - 9 PH 12: 12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

J. Burch AUG 14 2001

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Well-Spring Prevention, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P. O. Box 5752
Miami, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service type corporation

providing nutrition counseling and holistic treatment

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

President will elect directors

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

ELAINE RoACH
P.O. Box 5752
Miami, FL 33014

Aldyth RoACH
18932 Bob-O-Link Dr.
Miami FL 33015

Deborah Delamotta
234 Flagler Dr.
Miami, Springs, FL 33166

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

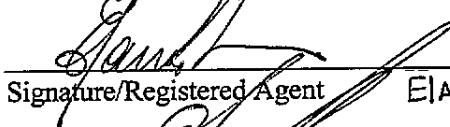
ELAINE RoACH
18932 Bob-O-Link Dr.
Miami FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELAINE RoACH
P.O. Box 5752
Miami FL 33014

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

ELAINE RoACH

Date

8/2/01


Signature/Incorporator

ELAINE RoACH

Date

8/2/01

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TALLAHASSEE FLORIDA