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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)922-4001

From:  
Account Name : INTEGRATED MANAGEMENT GROUP, INC.  
Account Number : I19990000058  
Phone : (954) 753-6042  
Fax Number : (954) 753-1123

**FLORIDA PROFIT CORPORATION OR P.A.**

**WELLNESS WAY, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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B. McKnight JAN 26 2000

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ARTICLES OF INCORPORATION  
OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:  
Wellness Way, Inc.  
10440 NW 49<sup>th</sup> Place  
Coral Springs, FL 33076

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:  
10440 NW 49<sup>th</sup> Place  
Coral Springs, FL 33076

INTEGRATED MANAGEMENT GROUP, INC.  
10139 NW 31<sup>ST</sup> STREET SUITE 101  
CORAL SPRINGS, FL 33065  
(954)753-2222

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

David Levens  
10440 NW 49<sup>th</sup> Place  
Coral Springs, FL 33076

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

David Levens  
10440 NW 49<sup>th</sup> Place  
Coral Springs, Fl 33076

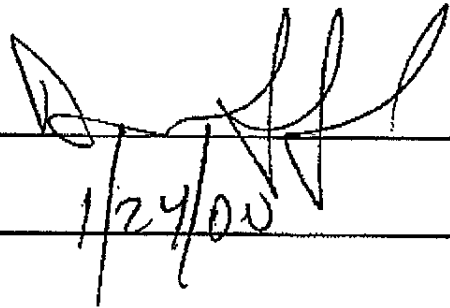
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The undersigned has executed these Articles of  
Incorporation this 19<sup>TH</sup> DAY OF JANUARY.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

  
1/24/00

**CERTIFICATE OF DESIGNATED REGISTERED AGENT**

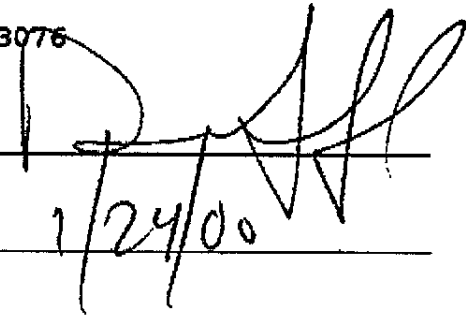
Pursuant to the provisions of section 607.0501 Florida  
Statutes, the Undersigned Corporation, under the Laws of the  
State of Florida submits to the following statement  
designating the registered agent in the State of Florida.

1. The name of the corporation is:  
Wellness Way, Inc.

2. The name and address of the registered agent  
David Levens  
10440 NW 49<sup>th</sup> Place  
Coral Springs, FL 33076

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

  
1/24/00

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: Date: 

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