

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 137  
Tallahassee, Florida 32301

**26974**

SUBJECT: MAGNETIC HEALTH THERAPY INC.  
(Proposed corporate name - must include suffix)

200003166202--4  
-03/13/00--01005--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

CHERYL LICARI  
Name (Printed or typed)

3224 AMACA CR  
Address

ORLANDO FL 32837  
City, State & Zip

407 859 6076  
Daytime Telephone number

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

FILED  
00 MAR 10 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: MAGNETIC HEALTH THERAPY INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 3224 AMACA CR  
ORLANDO, FL 328

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALE OF MAGNETIC THERAPY PRODUCTS

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): CHERYL LICARI (PRESIDENT) KENNETH J LICARI  
3224 AMACA CR 3224 AMACA CR  
ORLANDO, FL 32837 ORLANDO, FL 32837  
(VICE PRESIDENT, SECRETARY)

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:  
CHERYL LICARI  
3224 AMACA CR  
ORLANDO FL 32837

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:  
CHERYL LICARI  
3224 AMACA CR  
ORLANDO FL 32837

\*\*\*\*\*  
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.

Cheryl Licari  
Signature/Registered Agent

Cheryl Licari  
Signature/Incorporator

3/9/00  
Date

3/9/00  
Date

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00 MAR 10 PM 4:17  
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TALLAHASSEE FLORIDA