P00000044298 TRANSMITTAL LETTER

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

100003235441--6 -05/02/00--01065-017 *****87.50 *****87.50

SUBJECT:	Living	Health (PROPOSED C	ØRPORATE NAM	ME – <u>MUS</u>	r inclu	DE SUFFIX)
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Enclosed is an orig	inal and one(1) copy of the articl	es of incorporation and a	a check for:	1 .	-
\$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	SECHETARY OF T	III WA I - YAM OO
		ADDITIONAL CO	OPY REQUIRED		1: 22
FRO	м: Lore Ha Campa	Printed or typed)	 : :		, 0
	941 S.W. 112 7	Address	. ,		. •
A.,	Pembroke Pir	y, State & Zip	3025		
	m 1 111 2	ani			

F. CHARLES MAY 3 2000

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

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:	· 			•	•		
Living Health, Inc.	-						
- viig - vii) - vii							
ARTICLE II PRINCIPAL OFFICE	-						
The principal place of business/mailing address is:	- ·		-			•	
1 11. Tac			_				
941 S.W. 112th Ase, Pembroke A	ins FL	3500	,				
ADTICLE III PURPOSE				^! .	1	ī	
The purpose for which the corporation is organized is:	: For nuti	itional e	education,	Vitamir) Sal	les, a	Q/V
Massage Thorapy.			•				
0 1				ZZ	8		_
ARTICLE IV SHARES	-		. .	E :3	-		
The number of shares of stock is:		•		ASA ASA	7	- - - -	
				SER		ĤĽED	
ARTICLE V INITIAL OFFICERS/DIRECTOR	S (optional)			핕	00 MAY -1 AM II: 22	o,	
The name(s) and address(es): Lore Ha Campbell		and the second s		율똵			
M+C11 . (1. P. 140	Ace			X _m	22		
Pembrake Pines	, FL	3300	5_			- 	
ARTICLE VI REGISTERED AGENT	<u> </u>	=					
The name and Florida street address of the registere	d agent is:						
MIKE BROW P	-						
961 S.W. 112 Thre							
Penbroke Pines, El 33025	- -:-						
ARTICLE VII INCORPORATOR							
The <u>name and address</u> of the Incorporator is:							
Loretta (ampbell				•			
941 S.W. 112th Ave	- . 				J_		
*****	****						
Having been named as registered agent to accept service of pro	cess for the abo	ve stated corp	oration at the plant	ace designated	in this		
certificate, I am familiar with and accept the appointment as re	gistered agent an =	ia agree to aci	i in inis cupacity				
Mila Holen	₹.		4-30-	<u> </u>	_		
Signature/Registered Agent			Date			- 	
			11 2 -				
X. (ampbell		. ~	4-30-0	<u>u</u> _		es.	
Signature/Incorporator			Date				