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BETTER BÜSINESS SERVICES, INC. 1621 EAST HILLCREST STREET ORLANDO, FLORIDA 32803 TELEPHONE (407) 896-2481 FAX (407) 896-2526

MAY 1,2000

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: QUANTUM WELLNESS, INC.

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Gentlemen:

Enclosed please find the Articles of Incorporation and my check in the amount of \$87.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and fee for Registered Agent designation for the above named corporation.

Sincerely

LEE MIJADAMS

MIANTUM WELLNESS, INC.

F. MAY 2 2 2000

ARTICLÈS OF INCORPORATION

THE STATE OF FLORIDA)

KNOW ALL MEN BY THESE PRESENT:

COUNTY OF ORANGE)

That the undersigned, natural person(s) of the age of at least eighteen (18) years, acting as Incorporator(s) of a Corporation under the FLORIDA Business Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation, to wit:

ARTICLE I

The name of this corporation is QUANTUM WELLNESS, INC.

ARTICLE II

The period of duration of this Corporation shall be perpetual.

ARTICLE III

The purposes for which this Corporation is organized include all legal purposes for which a Corporation may be organized in FLORIDA.

ARTICLE IV

The aggregate number of shares which the Corporation shall have the authority to issue is 10,000 shares. The shares shall have a par value of \$1.00.

ARTICLE V

The Corporation will not commence business until it has received for issuance of its shares consideration of the value of \$1,000.00.

ARTICLE VI

The street address of the registered office, and principal office of the Corporation is 1049 ALBANY AVE, ST CLOUD, FL 34771 and the name of the registered agent at said address is LEE M. ADAMS.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

LEE M. ADAMS

ARTICLE VII

The number of directors constituting the initial Board of Directors of this Corporation is TWO and the name(s) and address(es) of the person(s) who are to serve as director(s) until the first annual meeting of the shareholders, or until their successors are elected and qualified, are as follows:

NAME

ADDRESS

LEE M. ADAMS

P.O. BOX 592474 ORLANDO, FL 32859

MONIKA K. ADAMS

P.O. BOX 592474 ORLANDO, FL 32859

The name(s) and address(es) of the incorporator(s) are as follows:

NAME

ADDRESS

LEE M. ADAMS

P.O. BOX 592474 ORLANDO, FL 32859

MONIKA K. ADAMS

P.O. BOX 592474 ORLANDO, FL 32859

WITNESS OUR HANDS this the 1ST day of MAY, 2000

LEE M. ADAMS

MONIKA K. ÁDAMS

Before me, the undersigned authority, on this day personally appeared LEE M. ADAMS, and MONIKA K. ADAMS known to me to be the person(s) whose name (s) are subscribed to the foregoing instrument and, being by me first duly sworn severally declares that they are the person(s) who signed the foregoing document as Incorporator(s) and that the statements contained therein are true.

IN WITNESS WHEREOF, I hereunto set my hand and affix my official seal in the state and county aforesaid this the 1ST day of MAY, 2000.

Lillian C. Coy

Notary Public

Orange County, Florida Commission expires 4/16/04

LILLIAN C. COY

NOTARY PUBLIC - STATE OF FLORIDA

COMMISSION # C0220076

EXPIRES 4/18/2004

BONDED THRU ASA 1-868-NOTARY1

SECRETARY OF STATE

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