## TRANSMITTAL LETTER

## P00000055519 |

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

SUBJECT: TNT- HERE'S To bulk HEALTH INC.  (Proposed corporate name - must include suffix)  200003270712-5 -05/30/00-01117-015 -05/30/00-0117-015 -05/30	141111111111111111111111111111111111111	•			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:  \$70.00	SUBJECT:	T- HERE'S (Proposed corpora			INC
S70.00 S78.75  Filing Fee Filing Fee & Certificate  ### Certificate  ### Certificate  ### Certificate  ### Copy				-05/30/00011 *****70.00 **	17015
Filing Fee & Certificate  Filing Fee & Certified Copy & Certified Copy & Certified Copy & Certificate  ADDITIONAL COPY REQUIRED  FROM: Loi 4 C. BROKEMOND DAN THT HENE'S TO LONE HEAVIH  Name (Printed or typed)  1440-13 DUNN AVENUE  Address  JACKSON-VILLE T- 322188	Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :	-
FROM: LOIG C. BROKEMOND DAN THILLES To lone Name (Printed or typed)  1440-13 DUNN AVENUE  Address  JACKSONVILLE T- 6 353488	IX ·	Filing Fee	Filing Fee	Filing Fee, Certified Copy	
JACKSOHVILLE T- L 323488				_	<u> </u>
JACKSOHVIUE T- C 353488	FROM: LOIG C. BROKEMOND DAN THE HERE'S TO VOUR Name (Printed or typed)				
JACKSOHVIUE TO 33348 8  City, State & Zip  (904) 696-9355  Daytime Telephone number  Daytime Telephone number	_15	140-13 Duw Addres	N AVEILU	<u>Z</u>	
		(904) 696-	-9355		TITED

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

0500 U. J. J

## ARTICLES OF INCORPORATION

Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

THT- HERE'S TO YOUR HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

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

1440 - 13 DUNN AVENUE JACKSONVILLE, FC 32218-4894

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LOLA C. BROKE MOND 1440-13 DUNN AVE JACKSONVILLE, FL 32218-4894 ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LONA C. BROKEMOND 800 BROWNED ROMO, Apt L-106
JACKSONINCUES, FC 32218

ROSE HARDINARY 4233 W. 19th PLACE GAMY FLOOR

Cyuthin H HALL 205 Douglas St.

HOMOSASSA SPES, FL

30544

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2/1 day of MAY, 2000

(An additional article must be added if an effective date is requested.)

Signature

Ø,

Signature

Withen ( A. Hall Simon

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is TNT- HEKE'S TO YOUR HEACTH, THE.
2.	The name and address of the registered agent and office is:  LOLA C. BROKE MOND  (NAME)  1440 - 13 DUNN AVENUE  (P. O. Box or Mail Drop Box NOT ACCEPTABLE)  T. DEFENDENCE OF THE STATE OF
	JACKSOHVICLE FL 32218-4894 8

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.

Larah Rahemond 5/24/00
(SIGNATURE) (DATE)