POSSOS TRANSMITTAL LETTER

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

cim iect.	Complimentary Nutrition Education, Incorporated					
SUBJECT:		(Proposed corporate name - must include suffix)				
100033028217 -06/23/0001064011 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:						
\$70 Filing).00 Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop & Certificate		
I	FROM:	ACCESS Incorporation Services, Inc. Name (Printed or typed)			00 JUN 23	
		21550 Oxnard Street, Suite 300 Address			FILED N 23 AM 9: 07	
		Woodland Hills, CA 91367 City, State & Zip): 07	

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

Daytime Telephone number

(818) 592-4034

JUN 23 AM 9:

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Complimentary Nutrition Education, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

1026 Flame Vine Lane #302

Vero Beach, FL 32965

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

2000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Elizabeth A. Thomas

1026 Flame Vine Lane #302, Vero Beach, FL 32965

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Gannon Stride

Woodland Hills, CA

21550 Oxnard Street, Suite 300

44

Signature/Incorporator

May 17th, 2000

Date

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

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

Signature/Registered Agent

6 21 00 Date