

P 00000069081  
TRANSMITTAL LETTER

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

300003325393--8  
-07/17/00--01136--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: META-HEALTH WEIGHT MANAGEMENT OF MARTIN COUNTY, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: MAUREEN J. NORELL  
Name (Printed or typed)

2765 NW FEDERAL HIGHWAY  
Address

STUART, FL 34994  
City, State & Zip

(561) 692-4888  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 17 AM 9:18

FILED

F. CHESDEN JUL 2 0 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:

META-HEALTH WEIGHT MANAGEMENT OF MARTIN COUNTY, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2765 NW FEDERAL HIGHWAY  
STUART, FL 34994

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WEIGHT LOSS CONSULTING

## ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

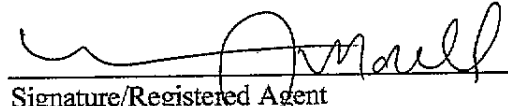
MAUREEN J. NORELL  
2765 NW FEDERAL HIGHWAY  
STUART, FL 34994

## ARTICLE VII INCORPORATOR

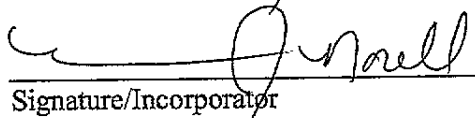
The name and address of the Incorporator is:

MAUREEN J. NORELL  
3411 NE SKYLINE DR.  
JENSEN BEACH, FL 34957

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

7/14/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/14/00  
\_\_\_\_\_  
Date