

Charter Number Only

8/10/00
BR
Requester's Name
Address
City State ZIP Phone

VALIDATION ONLY

600003360386--5
-08/17/00--01010--018
*****78.75 *****78.75

CORPORATION(S) NAME

The Wellness Network Inc

FILED
00 AUG 17 AM 11:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE



Empire Toll Free: 1-800-432-3028

RECEIVED
00 AUG 17 AM 0:09
TALLAHASSEE FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Pick-Up | <input type="checkbox"/> Mail Out | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

certified copy

ARTICLES OF INCORPORATION
OF
THE WELLNESS NETWORK INC

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

ARTICLE I NAME

The name of the corporation shall be:

THE WELLNESS NETWORK INC

ARTICLE II PRINCIPAL OFFICE

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

1448 SE 13 STREET
FT LAUDERDALE, FL 33316

ARTICLE III CAPITAL STOCK

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

50,000,000 SHARES @ \$.0001 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

TRISTINA ELMES
1448 SE 13 STREET
FT LAUDERDALE, FL 33316

ARTICLE V INCORPORATOR(S)

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

TRISTINA ELMES
1448 SE 13 STREET
FT LAUDERDALE, FL 33316

The undersigned has (have) executed these Articles of Incorporation this 2 day of AUGUST 2000.


SIGNATURE & TITLE DATE 8/2/00

FILED
00 AUG 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION
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:

THE WELLNESS NETWORK INC

2. The name and address of the registered agent and office is:

TRISTINA ELMES
1448 SE 13 STREET
FT LAUDERDALE, FL 33316

SIGNATURE *Tristina Elmes*
(corporate officer)

TITLE *Pres*

DATE *8/2/00*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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 *Tristina Elmes*

DATE *8/2/00*

REGISTERED AGENT FILING FEE: \$35.00

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00 AUG 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA