P00000086978

TRANSMITTAL LETTER

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



SUBJECT: _	Operation Health, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Russell H Sachs Name (Printed or typed)				
3061 Anderson Rd.				
	Green Co	ve Springs, l	<u> FL 3</u> 2043	
		-610-7177		

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

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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:	ALE BOTH
Operation Health, Inc.	The second second
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	- 100 G
3052 U.S. Highway 17 Green Cove Springs, FL 32043 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Online surgical risk assessments.	E-health promotion.
ARTICLE IV SHARES The number of shares of stock is:	en e
10,000,000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	and the second s
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Tima T. Sachs 3061 Anderson Rd.	
Green Cove Springs, FL 3204 ARTICLE VII INCORPORATOR	د. - ب ه به ۱
The <u>name and address</u> of the Incorporator is:	
Russell H Sachs 3061 Anderson Rd.	· · · · · · · · · · · · · · · · · · ·
Green Cove Springs, FL 320 ************************************	
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act to	**************************************
Juna Jacks	_ 9/8/00
Signature/Registered Agent	Date

Signature/Incorporator