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FLORIDA PROFTT CORPORATION OR P.A.

WEIGHT LOSS AND WELLNESS, INC.

Certificate of Status	0
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**ARTICLES OF INCORPORATION  
OF  
WEIGHT LOSS AND WELLNESS, INC.**

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

**ARTICLE I. NAME**

The name of the corporation shall be:

**WEIGHT LOSS AND WELLNESS, INC.**

The address of the principal office of this corporation shall be 35190 U. S. Highway 19 North, Palm Harbor, Florida 34684, and the mailing address of the corporation shall be the same.

**ARTICLE II. NATURE OF BUSINESS**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE III. CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock having One and No/100 (\$1.00) Dollar par value per share.

**ARTICLE IV. REGISTERED AGENT**

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The street address of the initial registered office of the corporation shall be 35190 U. S. Highway 19 North, Palm Harbor, Florida 34684, and the name of the initial registered agent of the corporation at that address is John Millen.

**ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE VI. SPECIAL PROVISION**

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code.

**ARTICLE VII. INDEMNIFICATION**

The corporation may indemnify any officer, director, employee, or agent or any former officer, director, employee, or agent to the extent permitted by law.

**ARTICLE VIII. INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation:

John Millen  
35190 U. S. Highway 19 North  
Palm Harbor, Florida 34684

IN WITNESS WHEREOF, the undersigned has hereunto set their hand and seal on the 20th day of November, 2000.

  
JOHN MILLEN

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: **WEIGHT LOSS AND WELLNESS, INC.**
2. The name and address of the registered agent and office is:

**John Millan  
35190 U. S. Highway 19 North  
Palm Harbor, FL 34684**

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)

11/20/2000

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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