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OJ-OJ-2001

SECRETARY OF STATE CORPORATION DIVISION STATE OF FLORIDA TALLAHASSEE, FL 32304 FILED

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SECRETARY OF STATE
ASSESSEE, FLORIDA

RE: OPTIMAL HEALTH, INC.

GENTLEMEN:

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION TOGETHER WITH A COPY OF SAID ARTICLES FOR OPTIMAL HEALTH, INC.

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

FILING FEE

CHARTER TAX

REGISTERED AGENT

TOTAL: \$70.00

300003503043---3 -12/18/00--01012--008 *****70.00 ******70.00

RESPECTFULLY SUBMITTED,

SIGNER'S NAME:

KANDIS R. MCKENZIE

ADDRESS:

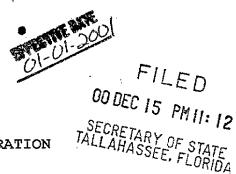
1540 N. TRAFALGAR CIRCLE

HOLLYWOOD, FL 33020

DAYTIME PHONE:

954-925-2899

PLEASE NOTE: THE EFFECTIVE DATE OF THESE ARTICLES IS TO BE JANUARY 1, 2001.



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ARTICLES OF INCORPORATION

OF

OPTIMAL HEALTH, INC.

ARTICLE I NAME

The name of the corporation shall be OPTIMAL HEALTH, INC.

ARTICLE II PURPOSE

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE IV DURATION

These Articles of Incorporation shall be effective commencing January 1, 2001.

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE V INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

KANDIS R. MCKENZIE
1540 N. TRAFALGAR CIRCLE
HOLLYWOOD, FL 33020

ARTICLE VI INCORPORATOR

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

KANDIS R. MCKENZIE 1540 N. TRAFALGAR CIRCLE HOLLYWOOD, FL 33020

ARTICLE VII PRINCIPAL OFFICE

The initial street address of the principal office of the corporation shall be:

1540 N. TRAFALGAR CIRCLE HOLLYWOOD, FL 33020

ARTICLE VIII DIRECTORS

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the member of the first Board of Directors of this Corporation is as follows:

KANDIS R. MCKENZIE 1540 N. TRAFALGAR CIRCLE HOLLYWOOD, FL 33020

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

KANDIS R. MCKENZIE 1540 N. TRAFALGAR CIRCLE HOLLYWOOD, FL 33020

STATE OF FLORIDA COUNTY OF BROWARD

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared KANDIS R. MCKENZIE, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed the same freely and voluntarily for the purpose therein expressed.

(Check She is personally known to me.

One) She provided the following type of identification:

Francisco Lic. # M252-516-70-604-0 EXP 3/24/03

WITNESS my hand and official seal this // day of DECEMBER 2000.

Notary Public, State of Florida My commission expires: 4/17/01

OFFICIAL NOTARY SEAL MELODY R LAVRICH COMMISSION NUMBER CC639679
MY COMMISSION EXPIRES

APR. 17,2001

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **OPTIMAL HEALTH, INC.**WITH ITS PLACE OF BUSINESS AT 1540 N. **TRAFALGAR CIRCLE HOLLYWOOD, FL 33020**

HAS NAMED KANDIS R. MCKENZIE LOCATED AT 1540 N. TRAFALGAR CIRCLE HOLLYWOOD, FL 33020

CITY OF **HOLLYWOOD**, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE (Corporate Officer)

TITLE PRESIDENT

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE (Registered Agent)

DATE 12 / Ti / oc

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE,