TRANSMITTAL LETTER

Department of State 00 DEC 28 AM II: 21 Division of Corporations SECRETARY OF STATE P.O. Box 6327 TALLAHASSEE, FLORIDA Tallahassee, FL 32314 HEALTH QUEST SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 900003516439-*****70.00 *****70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$87.50 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED REX ALLEN KNIGHT FROM: Name (Printed or typed) FRANCISCAN LANE Address PALM COAST, FL 32137 City, State & Zip

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

(904) 447-9899

Daytime Telephone number

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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: HEALTH QUEST OF PALM COAST OF DEC 28 AM II: 21
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5 UTILITY DRIVE # 1 PALM COAST, FZ 32137
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To own & operate health and fitness clubs
ARTICLE IV SHARES The number of shares of stock is: 2,000 shares
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Rex Allen Knight (President/Sect.) 60 Franciscan Lane Palm Coast, FL 32137
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Rex Allen Knight 60 Franciscan Lane DALM COAST, FL 32137 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Rex Allen Knight 60 Franciscan Lane Palm Coast, FL 32137
60 Franciscan Land Palm Coast, FL 32-137 ************************************
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 Date
Signature/Incorporator Date

Signature/Incorporator