## P01000010248

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

SECRETARY OF STATE	OI JAN 26 AM 8: 1	高田
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SUBJECT:	BETTER	BODIES, I	-nc	
SUBJECT:	(PROPOSED CORPORAT	E NAME – <u>MUST INC</u> I	<u>CUDE SUFFIX)</u> 00000358 -01/26/01	
		•	-U1/25/U1 *****87.	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM:	Nola-ann Name (Pr	Pearson rinted or typed)	· **	
	19901 Stockholm Drive			
	Boca Ra	TON FI	3343 <sub>4</sub>	
(954) 428-0190  Daytime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ADTICLT I BLANCE	
The name of the corporation shall be: BETTER BODIES, Inc	
120 haire of the corporation shall be.	
ARTICLE II PRINCIPAL OFFICE	DI JAN 26 AM 8: 18 SECHETARY OF STATE TALLAHASSEE, FLORIDA
The mineral along of the day	
19901 Stockholm DRIVE,	FILED 26 AI RASSEE,
Boca Raton, Fl 33434	
ARTICLE III PURPOSE	FLO 8
Boch Raton, Fl 33434  ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Personal Training and Health	
ARTICLE IV SHARES	
The number of shares of stock is: 100 shares \$100 par value	
100 shares +1 pas value	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
, ,	
Nola-ann Pearson 19901 Stockholm Drive	
Boca Raton Fl 33434	
Doca Raion +1 33434	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
<del>-</del>	
Nola-ann Pearson 19901 Stockholm Drive	
Boca Raton Fl 33434	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Nola-ann Pearson	
19901 Stockholm Drive,	
Doca Roton Fl 33434	
***************************************	
Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	esignated in this

Signature/Incorporator

Signature/Registered Agent

Date