۶. Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 tealth Center, Inc Treasure Coast Natural **SUBJECT:** (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 300003631153--5 -02/02/01--01104--001 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Whitmer Susanne FROM: m. Name (Printed or typed) FEB ~2 AM 11: 50 752 N.E.JEnsen Beach Blud Address FILED Jenson Beach FL 34957 340-4130 561- <del>34</del> Daytime Telephone number

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

Pia 2/5/01-

## 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: Coast Natural Health Center, Treasure ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 752NE Jensen Beach Blue

Jensen Beach FL 34957

<u>PURPOSE</u> ARTICLE III

The purpose for which the corporation is organized is: natural health Care

ARTICLE IV SHARES The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):

<u>ARTICLE</u> VI REGISTERED AGENT The name and Florida street address of the registered agent is:

Susance Whitmer 1302 SW Bartell Aue Port St. Locie FL 34953

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Susanne Whitmer 1302 Sw Bartell Aul Port St. Lucie R 3495

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

Signature/Incorporator

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