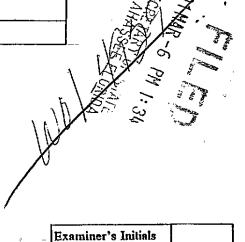
## PRPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

٠.

REGISTRATION/ QUALIFICATION
 <b>Éoreign</b>
Limited Partnership
Reinstatement
 Trademark
Other





#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 5, 2001

**LAZARUS** 

MIAMI, FL

SUBJECT: MEDICAL DOCTOR'S FORMULA INC.

Ref. Number: W01000004929

We have received your document for MEDICAL DOCTOR'S FORMULA INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 001A00013338

OI MAR -6 AM 10: 47
DEPARTMENT OF STATE OF STATE

### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

MEDICAL DOCTOR'S FORMULA METWORK INC.

01 MAR -6 PM 1: 34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7750 SW 29 ST Miami FLA. 33155

### ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 47 \$1.00

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN AMADOR SR. 7750 800 2957 MIAMI FLA. 33155

#### ARTICLE V - INCORPORATOR

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

EVA ANA AMADOR - PRESIDENT 7750 SW 295T Miami FCA. 33155

The undersigned incorporator has executed these Articles of Incorporation this 2 day of March 20

Sianature

#### ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

EVA ANA AMADOR- PRESIDENT & TRES.

JUAN AMADOR SR. V.P.
7750 SW 2957.
Miami Rd. 33155

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signaturé