## TRANSMITTAL LETTER

## P01000035862

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

DOC. EXAM

| SUBJECT: To           | PROPOSED CORPORA                 | WELLNESS                   | CENTER                        | _   |
|-----------------------|----------------------------------|----------------------------|-------------------------------|---|
|                       | (PROPOSED CORPORA                | TE NAME - MUST INC         | CLUDE SUFFIX)                 | <del>-</del>                              |
|                       |                                  |                            | 1 AL                          |   |
|                       |                                  |                            | APR -4<br>CRETAR<br>LAHASS    | -   |
|                       |                                  |                            |                               |   |
| Enclosed is an origin | al and one(1) copy of the articl | es of incorporation and    | d a check for                 | IT <del>Maria</del><br>G 新 <mark>著</mark> |
| □ \$70.00             | <b>□</b> \$78.75                 |                            |                               | 1.00 mg/mg/s                              |
| Filing Fee            | Filing Fee                       | ☐ \$78.75 Filing Fee       | \$87.5                        |   |
| <b></b>               | & Certificate of Status          | & Certified Copy           | Filing Fee,<br>Certified Copy |   |
|                       |                                  | a contined copy            | & Certificate of              |   |
|                       |                                  |                            | Status                        |   |
| •                     |                                  | ADDITIONAL C               | OPY REQUIRED                  |   |
|                       | -                                |                            |                               |   |
| FROM:                 | MAYD                             | A KQURI<br>inted or typed) |                               | Ţ   |
|                       | Name (Pr                         | inted or typed)            | 5000003959                    | 3205 <u>-</u> -5                          |
|                       | 700                              |                            | -04/04/01<br>*****87,50       | -01078003<br>  *****87.50                 |
|                       | 1720 A                           | IW 179TH                   | STR.                          | **************************************    |
|                       | n                                | uuress                     |                               |   |
|                       | h 1 . A (                        |                            |                               |   |
| •                     |                                  | LAKES, FL<br>State & Zip   | <u>33015</u>                  | · . <del></del>                           |
|                       |                                  |                            | 1000033532                    | 05=25                                     |
|                       | 305-                             | 828-9644<br>lephone number | OA DA ADE PUT                 |   |
| •                     | Daytime Te                       | lephone number             |                               |   |
| $\mathcal{O}_{-1}$    |                                  |                            |                               |   |
| 1 ayour 6             | AVE<br>E TO                      |                            |                               | •   |
| AUTHORIZATION BY PHON | 2/2                              |                            |                               |   |
| CORRECT COLLARS       |                                  |                            |                               |   |

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

T. Burch APR 1 0 2001

| ARTIGLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof   | fit)   |   |
|---|--|---|
| ARTICLE I NAME  |  |   |
| The name of the corporation shall be:   | - · · · · · · · · · · · · · · · · · · ·  |   |
| TODAY & BEYOND WELLNESS   | CENTERS, CORP.   |   |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:   | ش  | is <del>-</del> €                       |
| 7920 N.W. 1797H STA. MIAMI LAKES, FL. 33015  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  | SECRETARY CALLAHASSEE  |   |
| CASE MANAGEMENT   | AM 7: 39<br>EFLORID  | *************************************** |
| ARTICLE IV SHARES   | ₩ <b>2</b> 0   |   |
| The number of shares of stock is:   |  | •                                       |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optomatics) and address(es):  MAY DA LOUB! - PRESIDENT  | <del></del>  |   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  MAYDA KOUR!  7920 NW 179 STB.  MIAM! LAKES, FL. 330/5  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  MAYDA KOUR!  7920 NW 179 STB.  MIAM! LAKES, FL. 330/5  *********************************** | *******  | *****                                   |
| certificate, I am familiar with and accept the appointment as registered agent  | pove stated corporation at the place design<br>and agree to act in this capacity | rated in this                           |
| Signature/Registered Agent  | <u>3-30-01</u><br>Date   | <b>-</b> <del></del>                    |
| Mayda Kouri   | 3-30-01  | <u> </u>                                |
| Signature/Incorporator  | Date   | · <del></del>                           |