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TRANSMITTAL LETTER

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

SUBJECT: _____

HEALTH GENESIS CORPORATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

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OPTIONAL:

Certificate of Status	\$ 8.75
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FILED
01 APR 20 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: _____

David E. Arjona
Name (Printed or typed)

1111 Kane Concourse, Suite 303
Address

Address

Bay Harbor Island, FL 33154
City, State & Zip

City, State & Zip

(305) 861-0898 or (305) 297-2243-
Daytime Telephone number

Daytime Telephone number

gk 4/23

CERTIFICATE OF DOMESTICATION

The undersigned, David E. Arjona, President
(Name) (Title)
of HEALTH GENESIS CORPORATION a foreign Corporation
(Corporation Name)
in accordance with F.S., 607.1801 does hereby certify:

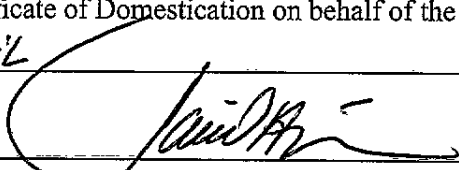
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. The date on which corporation was first formed was 12/18/1998
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise came into being was MARICOPA COUNTY, ARIZONA
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HEALTH GENESIS CORPORATION
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is HEALTH GENESIS CORPORATION
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication was MARICOPA COUNTY, ARIZONA
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am David E. Arjona, ^{president} of HEALTH GENESIS CORPORATION

and am authorized to sign this certificate of Domestication on behalf of the corporation and have done so this the 16th day of April, 2001


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION

In compliance with Chapter F.S., 607.

ARTICLE I NAME

The name of the corporation shall be:

HEALTH GENESIS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1117 KANE CONCOURSE, suite 303
BAY HARBOR, Florida 33154*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALE OF VITAMINS AND FOOD SUPPLEMENTS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*DAVID E. ARJONA
P.O. BOX 546703
SURFSIDE, FL 33154 USA*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

*SUSAN I. NOE, Attorney Telephone # (305) 867-9580.
1440 79th STREET Csway, suite 321
NORTH BAY VILLAGE, FL 33141*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*DAVID E. ARJONA
P.O. BOX 546703
SURFSIDE, FL 33154*

Having been named as registered agent and 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.

Susan I. Noe

Signature/Registered Agent

04/17/01

Date

David E. Arjona

Signature/Incorporator

04/16/2001

Date

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TALLAHASSEE, FLORIDA