TRANSMITTAL LETTER

Department of Corporations Department of Corpora

P. O. Box 6327 Tallahassee, FL 32314

700004316297--6 -05/24/01--01106--004 *****87.50 *****87.50

SUBJECT:	IONIX PROMOTIONS, INC.	
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	-

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

□ \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

.75 **2** \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ANTHONY D. ZMAN

Name (Printed or typed)

7373 HIGH LAKE DRIVE

Address

ORLANDO, FLORIDA

32818

City, State & Zip

(407) 291-7007 Cell Daytime Telephone number

Cell #: (407) 721_

Mailing Address:

P.O. Box 541555

Orlando, Fl. 32854

OI MAY 24 AM 9: 17
SECRETARY DE STATE

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)	
ARTICLE I NAME The name of the corporation shall be:	
IONIX PROMOTIONS, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	-
7373 High Lake Drive, Orlando, Fl. 32818	
Mail: P.O. BOX 541555, Orlando, Fl. 32854 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
1. Water Treatment Promotions (FREE TEST) 2. Seminars on Health Preservation: Drink - Cook _	•
ARTICLE IV SHARES The number of shares of stock is:	clean water.
100 Shares ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	OI M
Anthony D. Zman - President Wilant A. Zman - Vice- President Wilma Jean Zman - Secretary - Treasurer	TILE NY 24 / NHASSEE
P.O. Box 541555 Orlando, Fl. 32854	Ser ≥ CO
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	AM 9: 17 OF STATE E. FLORIDA
Anthony D. Zman 7373 High Lake Drive Orlando, Fl. 32818	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Anthony D. Zman 7373 High Lake Drive Orlando, Fl. 32818 ***********************************	********
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

Many	5-23-0
Signature/Registered Agent	5-23-0
Signature/Incorporator	5-23-0
Date	5-23-0
Dat	

TRANSMITTAL LETTER

Department SOLUTION OF Corporations OF Corporations

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111115100	& Certificate of Status	& Certified Copy	Certified Copy
		•	& Certificate of
			Status
	·	ADDITIONAL CO	PY REQUIRED
		 	
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		Address	
	ORLANDO, FLORI	22010 מתי	
		DA 32818 State & Zip	
		_	A SE
	(407) 291-7007	Cell #: (40	07) 721_5 A
		elephone number	

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Date	
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<u>رے</u> Date