

FROM : MIKE+VIVANCOS+ACC. SERVICES

PHONE NO. : 19549665273

Jun. 04 2001 11:28AM P1

PO1000055045

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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Division of Corporations
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From:

Account Name : M.A.V. CORPORATE SERVICES
Account Number : I20000000007
Phone : (954) 989-4530
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FLORIDA PROFIT CORPORATION OR P.A.

GOOD HEALTH AND LIFE INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF INCORPORATION

GOOD HEALTH AND LIFE INC.

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: GOOD HEALTH AND LIFE INC.

ARTICLE II PRINCIPAL OFFICE

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

5260 SW 5TH ST.
MIAMI, FLA. 33134

ARTICLE III SHARES

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

ONE HUNDRED ONE DOLLAR PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NOHORA YOLANDA OCAMPO
5260 SW 5TH ST.
MIAMI, FLA. 33134

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

NOHORA YOLANDA OCAMPO
PRESIDENT-DIRECTOR

5260 S.W. 5th ST.
MIAMI, FLORIDA 33134

ELOINA ESTEVEZ
VICE-PRESIDENT-DIRECTOR

5260 S.W. 5th ST.
miami, fl 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

~~1st~~ day of ~~JUNE~~, 2001.

(An additional article must be added if an effective date is requested.)

YOLANDA OCAMPO
YOLANDA OCAMPO Signature

ELOINA ESTEVEZ
ELOINA ESTEVEZ Signature

Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GOOD HEALTH AND LIFE INC.

2. The name and address of the registered agent and office is:

NOHORA YOLANDA OCAMPO
(NAME)

5260 S.W. 5th ST
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33134
(CITY/STATE/ZIP)

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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 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

YOLANDA OCAMPO
(SIGNATURE)

6/3/01
(DATE)

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