TRANSMITTAL LETTEI

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

SUBJECT:	PA	25	TO	R H	EALT	TH (CON	CEPTS	I,	NC
	-		(PROP	OSED COL	RPORATE N	IAME – <u>M</u>	UST INC	LUDE SUFFIX)	7	_

500004491105--0 -07/23/01---01028---015 *****70.00 *****70.00

Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of

ADDITIONAL COPY REQUIRED

FROM: HAN H. PASTOR
Name (Printed or typed) 251 NE DIXIE BLVA DELRAY BEACH FL 33444
City, State & Zip 561-274-9911 Daytime Telephone number

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

T.SANTH JUL 25 2001)

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	-
ARTICLE I NAME The name of the corporation shall be:	
PASTOR HEALTH CONCEPTS, INC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: \$ 869 S. CONGRESS AVE.	-
ATLANTIS, FL 33462 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is:	
SALE OF HEALTH PRODUCTS	
ARTICLE IV SHARES The number of shares of stock is: /, 000 SHARES	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
TALLAH.	
ARTICLE VI REGISTERED AGENT	77
The name and Florida street address of the registered agent is:	— П
STEVEN M. PASTOR	j
5869 S. CONGRESS AVE	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: ALRN H. PASTOR	
25/NE DIXIE BLVD	
DELLAY BEACH FL 33444 *********************************	**
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in t certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	his
Ste m take 7/19/01	
Signature/Registered Agent Date	

ARTICLES OF INCORPORATION

Signature/Incorporator