01 SEP 13 AM 11: 02

SECKETARE OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: Health Guide Inc.

(PROPOSED CORPORATE NAME - MUSTURICAUDE SUPTEM

Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for
S70.00 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:	Nicholas R. Fanella		
	Name (Printed or typed) 434 tanglewood Drive		
	Fort Walton Beach	n, FL 32547	
		State & Zip	
_	850-862-7131		
	Daytime Te	lephone number	

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

FILED

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ARTICLES OF INCORPORATION

SECRETAL DE STATE TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Health Guide Inc.

ARTICLE II PRINCIPAL OFFICE

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

434 Tanglewood Drive Fort Walton Beach, FL 32547

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares

ARTICLE IV INITIAL OFFICERS

Birgit Kruse, President Sivarsbacken 806 S-792 96 Vamhus Sweden

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Nicholas R. Fanella

434 Tanglewood Drive Fort Walton Beach, FL 32547

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Nicholas R. Fanella 434 Tanglewood Drive Fort Walton Beach, FL 32547

Signature/Incorporator

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

Signature/Registered Agent

Date

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