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SECKLIFIC STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	eam-World Wide Wellness I		
	(PROPOSED CORPORA)	e name – <u>Mustingl</u>	ude suffix)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Nicholas R. Fanel	A. Printed or typed)	
	434 tanglewood Drive		
	Fort Walton Beach, FL 32547 City, State & Zip 850-862-7131		
,			

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

ARTICLES OF INCORPORATION

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: Team-World Wide Wellness 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

Bengt 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 <u>name and address</u> of the incorporator to these Articles of Incorporation are:

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

Signature/Incorporator

Date

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'