## P 10000 99962

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

SUBJECT: S	(PROPOSED CORPORA)	ealth Cor	-10/12/01- , *****78. T DE SUFFIX)	01053011 75 *****78.75 
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
□ \$70.00 Filing Fee	P\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: SNOW E. PICCOLO  Name (Printed or typed)  OR AFE				
Address N SA				
•	BOCA PA-	TON FL State & Zip	- 33498	OF STATE E. FLORIDA PH 2: 88
		3 6 7	<b>~</b>	•

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
ARTICLE I NAME  The name of the corporation shall be: CIENCE + HEALTH COPP.				
ARTICLE II PRINCIPAL OFFICE 10851 KING BAY DZ.  The principal place of business/mailing address is: ECCARATON FL 33498				
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: DEVELOPMENT &				
MARKETING OF HEALTH & BEAUTY PRODUCTS				
MARKETING OF HEALTH & BEAUTY PRODUCTS  SEMINARS  O EM				
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  SNOW E. PICCOLD P. FLORE TRANK A. PICCOLD 38				
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  THE NAME OF THE PROPERTY OF THE				
10851 KING BAY DR				
BOCA RATONFI				
ARTICLE VII INCORPORATOR 33498				
The name and address of the Incorporator is: SNOW E. PICCOLO				
10851 KING BAY DR				
BOCA PATEN FL33498				
**************************************				
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity				
Signature/Registered Agent Date				
Signature/Registered Agent Date				
mont recob 10-10-01				

Signature/Incorporator