

Division of Corporations

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P020000025498

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : AFFORDABLE PARALEGAL, FT. LAUDERDALE
Account Number : I20000000264
Phone : (954)565-9929
Fax Number : (954)565-1347

FLORIDA PROFIT CORPORATION OR P.A.

Global Health Industries, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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02 MAR -6 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:
Global Health Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9900 West Sample Road, Suite 300
Coral Springs, FL 33065

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is :
20,000,000 shares with a par value of \$.00001 per share

ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is one (1), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Milton Archolecas
11928 NW 47th Street
Coral Springs, FL 33076

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Milton Archolecas
9900 West Sample Road, Suite 300
Coral Springs, FL 33065

ARTICLE VI INCORPORATOR

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

Milton Archolecas
9900 West Sample Road, Suite 300
Coral Springs, FL 33065



Signature/Incorporator

3-6-02

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

3-6-02

Date

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