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TRANSMITTAL LETTER

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
02 APR 24 AM 9:10

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

800005336778--7
-04724702--01047--009
*****78.75 *****78.75

Dear Sir or Madam,

SUBJECT: ABSOLUTE HOLISTIC MEDICINE INC

Enclosed an original and one (1) copy of the articles of incorporation and a check for \$78.75

FROM: CHRISTINE CHEW & ASSOCIATES, INC.

539 N MILLS AVE

ORLANDO, FL 32803

PHONE: (407)-894-7259

FAX: (407)-898-4936

Enclosure Original and One Copy of Articles

F. GHESSER APR 29 7

Articles of Incorporation

Of

ABSOLUTE HOLISTIC MEDICINE INC

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
02 APR 24 AM 9:10

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

Article I - Name

The name of the corporation shall be:

ABSOLUTE HOLISTIC MEDICINE INC

Article II - Principal Office

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

186 BRIGHTVIEW DR
LAKE MARY, FL 32746

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 at \$1.00

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

JITAO BAI
186 BRIGHTVIEW DR
LAKE MARY, FL 32746

Article V - Incorporator(s)

The name(s) and street address of the incorporator(s) to these Articles of Incorporation is(are):

JITAO BAI
186 BRIGHTVIEW DR
LAKE MARY, FL 32746

The undersigned incorporator(s) has(have) executed these Articles of Incorporation on APRIL 16, 2002

X Jitao Bai
Signature

Article VI-Officers & Directors

The names and address of the initial officers if the corporation who shall hold office
For the corporation, or until their successors are elected or appointed are:

JITAO BAI (PRESIDENT)
186 BRIGHTVIEW DR
LAKE MARY , FL 32746

***Certificate of Designation of
Registered Agent/Registered Office***

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:


ABSOLUTE HOLISTIC MEDICINE INC

2. The name and address of the registered agent and office is:

JITAO BAI
186 BRIGHTVIEW DR
LAKE MARY, FL 32746

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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

DATE