

PD2000054833

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 15 AM 9:25

TRANSMITTAL LETTER

MAY 10, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

600005537796--8
-05/15/02--01054--004
*****78.75 *****78.75

THE WELL DOCTOR, INC.

SUBJECT: THE WELL DOCTOR, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$78.75

FROM: DOMINIC BRACONE
3895 PACKARD AVENUE
ST. CLOUD, FLORIDA 34772
(407) 908-3289

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 15 AM 9: 25

ARTICLES OF INCORPORATION
OF
THE WELL DOCTOR, INC.

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: THE WELL DOCTOR,
INC.

ARTICLE II
PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE: 3895 PACKARD AVENUE
ST. CLOUD, FLORIDA 34772

ARTICLE III
SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: ONE
HUNDRED (100).

**ARTICLE IV
DIRECTORS**

THIS CORPORATION SHALL INITIALLY HAVE ONE DIRECTOR:

DOMINIC BRACONE
3895 PACKARD AVENUE.
ST. CLOUD, FLORIDA 34772

**ARTICLE V
INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:


DOMINIC BRACONE
3895 PACKARD AVENUE.
ST. CLOUD, FLORIDA 34772

**ARTICLE VI
INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

DOMINIC BRACONE
3895 PACKARD AVENUE.
ST. CLOUD, FLORIDA 34772

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 10TH DAY OF MAY 2002.



DOMINIC BRACONE

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 15 AM 9: 25

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

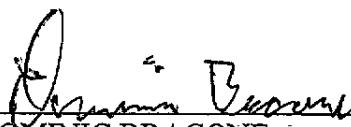
PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: THE WELL DOCTOR, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DOMINIC BRACONE
3895 PACKARD AVENUE.
ST. CLOUD, FLORIDA 34772

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.



DOMINIC BRACONE
MAY 10, 2002