

TRANSMITTAL LETTER

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

400005651494--2
-05/30/02--01035--010
*****78.75 *****78.75

SUBJECT: Nutrition AND Health Education Network, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DONNA P. DeLoach
Name (Printed or typed)

157 Harrogate Court
Address

Longwood, FL 32779
City, State & Zip

407-869-8168
Daytime Telephone number

02 JUL 11 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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



900000011611

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 31, 2002

DONNA P. DELOACH
157 HARROGATE COURT
LONGWOOD, FL 32779

SUBJECT: NUTRITION AND HEALTH EDUCATION NETWORK, INC.
Ref. Number: W02000015762

We have received your document for NUTRITION AND HEALTH EDUCATION NETWORK, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 902A00035297

Donna P. DeLoach

July 1, 2002

Florida Department of State
Division of Corporations
Loria Poole, Corporate Specialist
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Release of the name 'Nutrition and Health Education Network, Inc.'
(P00000011611) for use by another entity.

To Whom It May Concern:

I, Donna P. DeLoach, President and Registered Agent of the corporation, 'Nutrition and Health Education Network, Inc.' (P00000011611) here by release this name for use by another entity.

Signed the 2 day of July 2002

Signature Donna P. DeLoach

Notary Selinda J. Smith



Selinda F Smith
My Commission CC779239
Expires September 29, 2002

FILED
02 JUL 11 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Nutrition And Health Education Network, Inc.

ARTICLE II PRINCIPAL OFFICE

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

157 Harrogate Court
Longwood, FL 32779

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DONNA P. DeLoach
157 Harrogate Ct.
Longwood, FL 32779

ARTICLE V INCORPORATOR

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

DONNA P. DeLoach
157 Harrogate Ct.
Longwood, FL 32779

Donna P. DeLoach

Signature/Incorporator

5/28/02

Date

(An additional article must be added if an effective date is requested.)

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.

Donna P. DeLoach

Signature/Registered Agent

5/28/02

Date

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TALLAHASSEE
SECRETARY OF STATE
FLORIDA