

## TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P02000079072

02 JUL 19 AM 11:43

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314300006526413--4  
-07/19/02--01036--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75SUBJECT: health Plus 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: Franco Tripepi  
Name (Printed or typed)2955 Shipping Avenue  
AddressCoconut Grove, FL, 33133  
City, State & Zip305-444-5800

Daytime Telephone number

# 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.

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## ARTICLE I NAME

The name of the corporation shall be:

health Plus inc.

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## ARTICLE II PRINCIPAL OFFICE

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

2955 Shipping Avenue, Coconut Grove, FL 33133

## 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:

Franco Tripepi, 2955 Shipping Ave, Coconut Grove, FL 33133

## ARTICLE V INCORPORATOR

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

Franco Tripepi, 2955 Shipping Ave, Coconut Grove, FL 33133



Signature/Incorporator

7-16-02

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



Signature/Registered Agent

7-16-02

Date