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SECRETARY OF STAD

TRANSMITTAL LETTER

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of Status

Department of State

Name (Printed or typed)

4870 BA HEROW Pl. APT. 3/6

Address

TAMPA, FLOMA 336/6

City, State & Zip

8/3-805-0688

Daytime Telephone number

ADDITIONAL COPY REQUIRED

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: HEAITH ALTERATIVES, INC.	02 NOV 2 SECRETAL TALLAHASS
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: H870 BAYHERON PC. apt. 3 TAMPA, FLORICA 3-3616	PHIZ: 20 KEFFLORIDA 12
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO PROUIDE BUILD PRODUCTS FOR C	alterative Hear
ARTICLE IV SHARES The number of shares of stock is:	•
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The pare(s) address(es) and title(s):	
Marie Brown, OWNER 4870 BAYHERON PC. apt. 310 TAMPA, FLORIDA 35616	2
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Marie Brown Pl. Apt. 3#2 4870 BAYHERON PL. Apt. 3#2	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MARIE BROWN 104 3/2	
4870 BAYHERWAR KIUKIDA 33616	*********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
Signature/Registered Agent NARIE BROWN	<u>//- 25-02</u> Date
Mace Brown Signature/Incorporator MARIE BROWN	11-25-62 Date