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SECRETARY OF STATE
TALL 4H4SSEE, FLORIDA

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OFFICE USE ONLY(DOCUMENT #)		
LAZARUS CORPORATE FILING	SERVICE	
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MIAMI, FLORIDA (305)552-5973		
TERESA ROMAN (TALLAHASSEE REPR	ESENTATIVE)	
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CORPORATION NAME(S) & DOC	ONTENT NOWIBER(S) (IT KNOWN):	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment Designation of P.A. Officer/Dispotes	
NonProfit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	

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Name Reservation

Other

Limited Partnership

Reinstatement Trademark

Examiner's Initials

ARTICLES OF INCORPORATION

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:

Optimal Health' Sentry, Inc

ARTICLE II - PRINCIPAL OFFICE

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

45665W129 PC MIGMI FI 33175

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Sanchez Uslele sur 129 PC MIAMI FI 33175

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: Maria Sanchez
4566 3W 129 PC 1419M1 F1 33175
The undersigned incorporator has executed these Articles of Incorporation this _ a day of _ ういりん _ 12003
X' Signature

ARTICLE VI- DIRECTOR(S)

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

Maria Sanchez President

4566 SW129PC

MIGNIFI 83,77

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature