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SECRETARY OF STATE STATE OF CORPORATIONS
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TRANSMITTAL LETTER

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

SUBJECT:Abundan	t Health UNI	M'T'D, Incorp	orated	
. (Р	roposed corporate	name - must include su	uffix)	
Enclosed is an original	and one (1) con	v of the articles of	incorporation and a chec	:k
for:		., 0. 0.0 0.0000	morporation and a and	••
\$70.00	x \$78.75	\$122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
		•	& Certificate	
FROM:	Abundant 1	Health וואד.'איייי	n. Incorporated	
		(printed or typed)		
	4147 22nd	d Street		
	***************************************	Address		
	Coconiit Ci	reek, Florida 3	2066	
		ity, State & Zip	3000	
	(954) 972-	-3260		
		- 3269 a Telephone number		

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



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 | NAME

The name of the corporation shall be:

Abundant Health UNL'M'T'D, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

4147 22nd Street Coconut Creek, Florida 33066

ARTICLE III SHARES

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

The corporation shall have the authority to issue one thousand (1,000) shares of common stock, all of one class, with a par value of one dollar (\$1.00) per share

ARTICLE IV ___ INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Frieda M. Nystrom 4147 22nd Street Coconut Creek, Florida 33066

ARTICLE V INCORPORATOR(S)

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

Frieda M. Nystrom 4147 22nd Street Cocnut Creek, Florida 33066

The undersigned	incorporator(s) has(have) exect	uted these Articl	es of Incorporation this
22nd	day of _	August	, 200)3
	Prieda	M. My Signature	steom"	8-22-23
		Signature		
		Signaturë		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Abundant Health UNL'M'T'D,	Incorporated
	"·	0
2.	The name and address of the registered agent and office is:	SECRETARY VISION OF C 13 AUG 29
	Frieda M. Nystrom	
	(Name)	ORA ORA
	4147 22nd Street	PORATIONS M 3: 30
	(P.O. Box not acceptable)	0.
	Coconut Creek, Florida 33066	
	(City/State/Zip)	·

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.

Frieda M. Kystron 8-22-0-3 - (Date)