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TRANSMITTAL LETTER

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

SUBJECT:	ALL ABOUT HEALTH AND FITNESS INC.			
	(PROPOSED CORPORA	TE NAME – MUSTINCA	ODESURVX)	
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	₹78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	SUSANAH SCHULER Name (Printed or typed)			
	8520 SW 184 TERR Address MIAMI, FL. 33157 City, State & Zip 786-402-0702 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALL ABOUT HEALTH AND FITNESS INC.

FILED

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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8520 SW 184 TERR. MIAMI, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH AND FITNESS RELATED SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): SUSANAH SCHULER; PRESIDENT 8520 SW 184 TERR. MIAMI, FL 33157

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SUSANAH SCHULER 8520 SW 184 TERR MIAMI, FL. 33157

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SUSANAH SCHULER 8520 SW 184 TERR MIAMI. FL 33157