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## TRANSMITTAL LETTER

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

SUBJECT:		MEALIMAL	NC,	
	(PROPOSED CORPORAT	E NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
<b>□</b> • <b>σ</b> • ••	bran as	D #20.75	D #07.50	
\$70.00	<b>№</b> \$78.75	\$78.75	\$87.50	
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Address				
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	SAKASOIA, I	L 39236	<del></del>	
	City,	State & Zip		
941-400-7132				
	Daytime To	elephone 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) The Control ARTICLE I NAME The name of the corporation shall be: CL 11.7.25 PN 3:42 DESIGNS ON HEALTH, INC TÁTLAHASSE , LUMDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1290 4+2 STREET SAMSOTA, FL 34236 ARTICLE III PURPOSE The purpose for which the corporation is organized is: COMPUTER GRAPHECS and DESIGN and MASSIGE THERAPY ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RODERICK VKELLY PRESTOENT SARASOTA, FL 34236 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: CODERICK VKELLY 1290 4th STREET SARASOTA, FL 34236 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RODERICK U KELLY 1290 4th STREET SARASOTA, FL 34236 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity May 21, 2004 Signature/Registered Agent

Signature/Incorporator