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TRANSMITTAL LETTER

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

SUBJECT: NATURE'S HEALTH AND FITNESS OF ORLANDO, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

⊒ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status DPY REQUIRED	
FROM:		ŧ.,	,	
	Name (Printed or typed)			
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	12720 S. ORANGE		SUITE 23	ć
	12720 S. ORANGE	BLOSSOM TRAIL	SUITE 23	6 T OF
	12720 S. ORANGE A ORLANDO, FL 32	BLOSSOM TRAIL	SUITE 23	9# SEF 21)
	12720 S. ORANGE A ORLANDO, FL 32	BLOSSOM TRAIL ddress 837	SUITE 23	04 SEP 20 FM

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:

NATURE'S HEALTH AND FITNESS OF ORLANDO, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12720 S ORANGE BLOSSOM TRAIL SUITE 23 ORLANDO, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

RYAN J BRUCE, PRESIDENT 110 CLAYTON AVE CELEBRATION, FL 34747

ARTICLE VI REGISTERED AGENT

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

RYAN J BRUCE 110 CLAYTON AVE. CELEBRATION, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RYAN J BRUCE 110 CLAYTON AVE. CELEBRATION, FL 34747

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

Signature/Registered Agent

Signature/lacorporator

Jota

Date

Date

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