

Florida Department of State  
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## FLORIDA PROFIT CORPORATION OR P.A.

G2 Health, Inc.

Certificate of Status	1
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## 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:

**G2 HEALTH, INC.**

### ARTICLE II PRINCIPAL OFFICE

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

**G2 HEALTH, INC.**

6302 Benjamin Road #408  
Tampa, FL 33634

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### ARTICLE III SHARES

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

**10,000 Shares at \$0.10 Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Robert Dortch  
111 Huron Avenue  
Tampa, FL 33606**

**Prepared By:**

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Cindi Smith- 45 Reed Drive, Marysville, PA 17053- President

Julie Gordon- 28 Cole Road, Sharon, CT 06069- Vice President

Lewis Green- 25 Knollwood Lane, Darien, CT 06820- Secretary

ARTICLES VI INCORPORATOR(S)

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

Cindi Smith- 45 Reed Drive, Marysville, PA 17053

Julie Gordon- 28 Cole Road, Sharon, CT 06069


Lewis Green- 25 Knollwood Lane, Darien, CT 06820

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8th day of October 2004.



Cindi Smith - Signature



Julie Gordon - Signature



Lewis Green - Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **G2 HEALTH, INC.**

2. The name and address of the registered agent and office is:

**Robert Dortch**

Name

**111 Huron Avenue**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Tampa, FL 33606**

(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

*Robert Dortch*  
Robert Dortch  
SIGNATURE

**October 8, 2004**

(Date)

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