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(Requestor's Name)



Tyrone L. Coverson  
9112 NE 10th Ave.  
Miami Shores, FL 33138-3225

(Address)

(City/State/Zip/Phone #)

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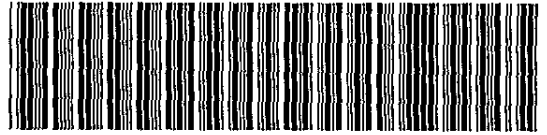
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**PERSONAL HEALTH & INNOVATIVE TRAINING SOLUTIONS, INC.**

I, the undersigned, hereby form this corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of a corporation for profit.

**ARTICLE I**

The name of the corporation shall be:

**PERSONAL HEALTH & INNOVATIVE TRAINING SOLUTIONS, INC.**

and its business shall be carried on at 19100 Northwest 39 Avenue; Miami, Miami-Dade County, Florida, the United States of America, and any other countries as may be authorized by its Board of Directors.

**ARTICLE II**

The general nature of the business of the corporation shall be as follows:

- A. To do all things authorized by law.
- B. To acquire leases and otherwise acquire, own, use and dispose of property of all kinds, real, personal and/or mixed, to borrow money and to give security for same, to give mortgages upon assets of this corporation when deemed by the Board of Directors expedient to do so and for the performance of such other things as the Board of Directors may deem necessary for the furtherance of the interests of this corporation and in the exercise of the powers herein enumerated.
- C. To do any and all of the things herein set forth to the same extent as natural persons might or could do as principals, agents, contractors or otherwise, and either alone, or company with others, purchased, hold, and reissue any of the shares of its capital stock. In general, to carry on any other business in connection therewith, whether manufacturing or otherwise not specifically forbidden by the laws of the State of Florida, and with all powers conferred upon corporations by the laws of the State of Florida.

### ARTICLE III

The maximum number of shares of stock which this corporation shall have outstanding at any time shall be one hundred (100) having a par value of \$1.00 per share, each of which shall be issued fully paid and non-assessable and shall be payable in lawful money of the United States of America or in services or property as a just valuation to be fixed by the Directors of the corporation at the organizational meeting, or any other meeting held for that purpose.

### ARTICLE IV

This corporation shall have perpetual existence.

### ARTICLE V

The Board of Directors of this corporation shall consist of three (3) members and may be increased from time to time by the By-Laws.

### ARTICLE VI

The business of the corporation shall be conducted by a President, Secretary and Treasurer, and by a Board of Directors mentioned in **Article V**.

### ARTICLE VII

Every director, officer, or employee of the corporation shall be indemnified by the corporation against all expenses and liabilities including counsel fees reasonably incurred by or imposed upon him in connection with any proceedings to which he may be made a party, or in which he may become involved, by reason of his being or having been a director, officer, or employee of the corporation or any settlement thereof made with court approval, whether or not he is a director, officer or employee at the time such expenses are incurred, except in such cases wherein the director, officer or employee is adjudged to be liable for negligence or misconduct in the performance of his duties; provided that in the event of a settlement the indemnification herein shall apply only when the Board of Directors, as well as the court, approves such settlement and reimbursement as being for the best interests of the corporation. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director, officer, or employee may be entitled.

**ARTICLE VIII**

The names and post office address of the members of the first Board of Directors for the first year of existence for the corporation, or until their successors are elected or appointed and have qualified shall be as follows:

<b><u>Name</u></b>	<b><u>Address</u></b>
<b>Tramond L. Duckworth – President</b>	19100 Northwest 39 Avenue Miami, Florida 33055
<b>Tramond L. Duckworth – Secretary</b>	19100 Northwest 39 Avenue Miami, Florida 33055
<b>Tramond L. Duckworth – Treasurer</b>	19100 Northwest 39 Avenue Miami, Florida 33055

**ARTICLE IX**

The name and address of the subscribers to this corporation are:

<b><u>Name</u></b>	<b><u>Address</u></b>
<b>Tramond L. Duckworth - (100.00% Subscriber)</b>	19100 Northwest 39 Avenue Miami, Florida 33055

IN WITNESS WHEREOF, the parties has hereunto set his hand this 19 day of November 2004.



Tramond L. Duckworth

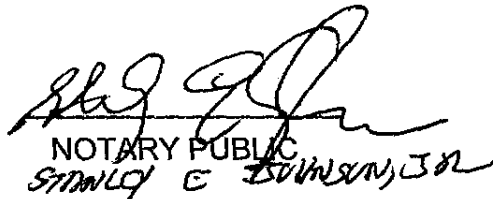
STATE OF FLORIDA )  
                          ) SS  
COUNTY OF DADE )

BEFORE ME, the undersigned authority personally appeared **Tramond L. Duckworth** to me well known and known to me to be the person(s) described in and who execute the foregoing Articles of Incorporation of

**PERSONAL HEALTH & INNOVATIVE TRAINING SOLUTIONS, INC.**

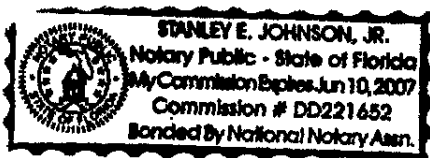
and before me he acknowledged his signature to be his free act and deed for the uses and purposes stated herein.

WITNESS MY HAND and official seal at the City of Miami, County of Dade, State of Florida, this day 19 of November 2004. *PERSONAL HEALTH & INNOVATIVE TRAINING SOLUTIONS, INC. 10/31/04.*  
*AS. INCORPORATION*



NOTARY PUBLIC  
*STANLEY E. JOHNSON, JR.*

My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That PERSONAL HEALTH & INNOVATIVE TRAINING SOLUTIONS, INC.

Desiring to organize under the laws of the State Of Florida with its principal office, as indicated in the articles of incorporation, at the City of Miami, County of Miami-Dade, State of Florida, has named **Tramond L. Duckworth** located at 19100 Northwest 39 Avenue (Street address and number of building, Post Office Box address not acceptable). City of Miami, County of Miami-Dade, State of Florida, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)**

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY: 

**Resident Agent - Tramond L. Duckworth**