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TRANSMITTAL LETTER

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

SUBJECT: Zen Health, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Pam Rogers Name (Printed or typed) 5415 Collins Avenue Address Miami Beach, FL 33140 City, State & Zip 305-725-0869 Daytime Telephone number

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

I would very much appreciate this being processed in 2004

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:

Zen Health Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4045 Sheridan Street # 196 MIGHT BEACH, FC 33MD

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Publication of manifolders

related materials

<u>ARTICLE IV</u> SHARES

The number of shares of stock is:

ARTICLE VII

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Pan 20gers President - Secretary

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ARTICLE VI REGISTERED AGENT

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Scott Rogers 3950 Sherden Street, Suite 107 Hollyword, FC 37021

INCORPORATOR

ARTICLE VIII EFFECTIVE DATE The effective Date 11 Dec. 29, 2004

Scott Rugars 3970 Sherik Street, Sute 107 14/19-001 FC 33021

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

Scott Rogers