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# TRANSMITTAL LETTER

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

SUBJECT: Immuni	ty Scan, Inc. (PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00	<b>☑</b> \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
rimig roc	& Certificate of Status	& Certified Copy	Certified Copy
	de Certificate of Status	& Confidence Copy	& Certificate of
		1	Status
		ADDITIONAL CO	
	,		
FROM: Ma	riya V. Klingenberg		
	Nam	e (Printed or typed)	
	3915 So. Flagler Drive Suite 30	08	
		Address	
	West Palm Beach FL 33405	_	
	City	, State & Zip	
	E04 CEO 200E		
•	561.659.2085	Telephone 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)

# ARTICLE I NAME

The name of the corporation shall be:

Immunity Scan, Inc.

05 MAY | | PM |: 45

SECHLIARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3915 South Flagler Drive Suite 308
West Palm Beach, FL 33405

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Vitamin Supplement Sales

### 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):

Mariya V. Klingenberg, President 3915 South Flagler Drive Suite 308 West Palm Beach, FL 33405

# ARTICLE VI REGISTERED AGENT

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

Mariya V. Klingenberg 3915 South Flagler Drive Suite 308 West Palm Beach, FL 33405

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mariya V. Klingenberg 3915 South Flagler Drive Suite 308 West Palm Beach. FL 33405

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Lum familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

Signature/Incorporator

Date