



## TRANSMITTAL LETTER

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

**SUBJECT:** National 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  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Adam L. Bentley

Name (Printed or typed)

1911 Tyler Street

Address

Nampa, ID 83687

City, State & Zip

(208)989-2490

Daytime 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:

National Health, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13799 Park Blvd. North #124  
Seminole, FL 33776

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act

### ARTICLE IV SHARES

The number of shares of stock is:

100,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lyle J. Bentley, 13799 Park Blvd. North #124, Seminole, FL 33776---Director  
Adam L. Bentley, 1911 Tyler Street, Nampa, ID 83687---Director  
Fred Bentley, 17402 Franklin Rd, Nampa, ID 83687---Director

### ARTICLE VI REGISTERED AGENT

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

Lyle J. Bentley, 13799 Park Blvd. North #124, Seminole, FL 33776

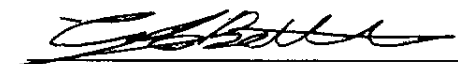
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adam L. Bentley, 1911 Tyler Street, Nampa, ID 83687---Director

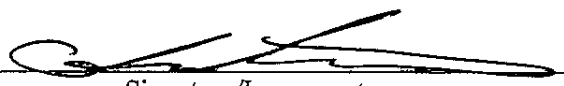
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

8-10-05

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-10-05

\_\_\_\_\_  
Date

**FILED**  
2005 AUG 15 P 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA