

P 06000106792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

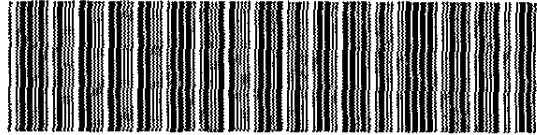
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 AUG 15 11:10:45

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FEB 15 2006
11:10:45

B. McKnight AUG 16 2006

TRANSMITTAL LETTER

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

SUBJECT: Domestication in Florida for AGS Health Promotion, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Craig B Smith

Name (printed or typed)

709 North M Street, Apt. 203

Address

Lake Worth, FL 33460

City, State & Zip

678-776-5135

Daytime Telephone Number

FILED
DIVISION OF CORPORATIONS
06 AUG 15 AM 10:46

CERTIFICATE OF DOMESTICATION

The undersigned, Craig B Smith, Secretary/Treasurer,
(Name) (Title)

of AGS Health Promotion, Inc. a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 25, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Georgia, Cobb County.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was AGS Health Promotion, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is AGS Health Promotion, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Georgia, Cobb County 1225 Kasandra Drive, Marietta, GA 30067
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Craig B Smith, of 709 North M Street, Apt. 203 Lake Worth, FL 33460
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 10 day of August, 2006.

Craig B Smith
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

AGS Health Promotion, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

500 Lake Avenue, Suite 121
Lake Worth, FL 33460

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Health education, water treatment

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Angela G Smith 709 North M Street, Apt. 203 Lake Worth, FL 33460
Craig B Smith 709 North M Street, Apt. 203 Lake Worth, FL 33460

President
Secretary/Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Craig B Smith 500 Lake Avenue, Suite 121 Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Craig B Smith 709 North M Street, Apt. 203 Lake Worth, FL 33460

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 AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Craig B Smith
Signature/Registered Agent

8-10-06
Date

Craig B Smith
Signature/Incorporator

8-10-06
Date

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DIVISION OF CORPORATIONS
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