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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status	_		
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Total Health Fusion Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	l a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Total Health Fusion Inc		
Name	(Printed or typed)	
600 West Las Olas Blvd,	Suite 2203 South	
Fort Lauderdale, FL, 33312		
954-629-7332 Daytime T	elephone 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:

Total Health Fusion, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

600 West Las Olas Boulevard Suit 2203 South Fort Lauderdale, Florida, 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide education, instruction and advice in the fields of Health and Wellness; Fitness; Health Club Management; and Alternative Therapies under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cameron Pinnock - President 600 West Las Olas Boulevard Suit 2203 South Fort Lauderdale, Florida, 33312

ARTICLE VI REGISTERED AGENT

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

Cameron Pinnock 600 West Las Olas Boulevard Suit 2203 South Fort Lauderdale, Florida, 33312

ARTICLE VII INCORPORATOR

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

Cameron Pinnock 600 West Las Olas Boulevard Suit 2203 South Fort Lauderdale, Florida, 33312

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

Signature/Incorporator

Date

1-18 2007

Date

O7 JAN 22 PH 12: 40: SECRETARY OF STATE TALL AHASSIFF FLORIDA