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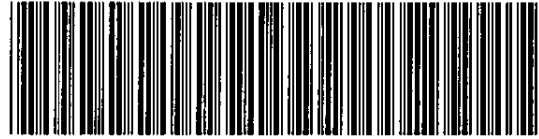
(Business Entity Name)

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TALLAHASSEE, FLORIDA

3/29

**ARTICLES OF INCORPORATION**

**Of**

**4 YOUR HEALTH INC.**

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*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I: NAME**

The name of the corporation shall be:

4 Your Health, Inc.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

17438 Horace Street  
Granada Hills, CA 91344

**ARTICLE III: PURPOSE**

This corporation is organized for the purposes of engaging in any activities or business permitted under the laws of the United States and the State of Florida

**ARTICLE IV: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares of common stock without nominal or par value which shall be designated as "Common Shares". The consideration to be paid for each share shall be fixed by the Board of Directors.

**ARTICLE V: INITIAL OFFICERS/DIRECTORS**

The name(s) and address(s)

Ann Levin  
17438 Horace Street  
Granada Hills, CA 91344

**ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Rochelle Froloff  
9055 NE 13 Court  
Coral Springs, FL 33071

**ARTICLE VII: INCORPORATOR(S)**


The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation is (are):

Ann Levin  
17438 Horace Street  
Granada Hills, CA 91344

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The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

21 day of March, 2007.

  
Ann Levin

**Certificate of Designation of  
Registered Agent/Registered Office**

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**4 YOUR HEALTH, INC.**

2. The name and address of the registered agent and office is:

**ROCHELLE FROLOFF**

(Name)

**9055 NW 13 COURT**

(P.O. Box or Mail Drop Box NOT Acceptable)

**CORAL SPRINGS, FL 33071**

(City/State/Zip)

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*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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Rochelle Froloff*

(Signature)

3-19-2007

(Date)