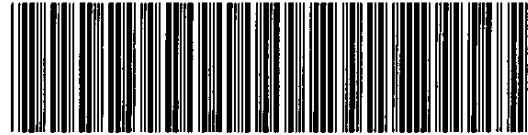


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**COVER LETTER**

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

**SUBJECT: 4YourBestHealth 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Herbert Kornblau**

Name (Printed or typed)

**12415 Rockledge Circle**

Address

**Boca Raton, FL 33428**

City, State & Zip

**561 305-2253**

Daytime Telephone number

RECEIVED  
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TALLAHASSEE, FLORIDA

07 SEP 17 PM 12:53

**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:

4YourBestHealth Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

12415 Rockledge Circle  
Boca Raton, FL 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales, consulting & investments

**ARTICLE IV SHARES**

The number of shares of stock is:

600

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Herbert Kornblau President  
12415 Rockledge Circle  
Boca Raton, FL 33428

**ARTICLE VI REGISTERED AGENT**

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

Herbert Kornblau  
12415 Rockledge Circle  
Boca Raton, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Herbert Kornblau  
12415 Rockledge Circle  
Boca Raton, FL 33428

\*\*\*\*\*

*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

9-13-07

Date



Signature/Incorporator

9-13-07

Date

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DIVISION OF CORPORATIONS  
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