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(City/State/Zip/Phone #)				
2.7				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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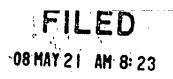
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COVER LETTER

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

UBJECT: NORA	'S INC. Z (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
nclosed are an orig	rinal and one (1) copy of the art \(\sum \) \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: C	arol Annette Sutton	e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	PO Box 474	Address	
	Blountstown, FL 32424	y, State & Zip	
	850-447-0496	Telephone number	

NOTE: Please provide the original and one copy of the articles.



SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

Nora's Inc. 1

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Street address: 21890 NE CR 69A, Blountstown, FL 32424 Mailing address: PO Box 474, Blountstown, FL 32424

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Residential Weight Loss Program

ARTICLE IV

The number of shares of stock is: Fifty percent each member/owner

INITIAL OFFICERS AND/OR DIRECTORS

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

Carol A. Sutton, CEO

Nora Santiago, President

PO Box 474

PO Box 474

Blountstown, FL 32424

Blountstown, FL 32424

REGISTERED AGENT

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

21890 NE CR 69A Blountstown, FL 32424

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Carol Annette Sutton, CEO

21890 NE CR 69A Blountstown, FL 32424

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