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(Requestor's Name)

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(City/State/Zip/Phone #)

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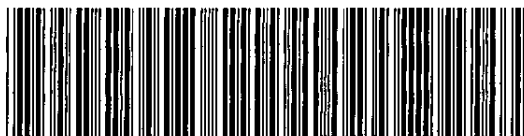
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 FEB 13 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bureau FEB 16 2009

COVER LETTER

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

SUBJECT: New & ZEN WELLNESS 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: MARJORIE E. FOLEY
Name (Printed or typed)

2617 ZORNO WAY
Address

DELRAY BEACH FL 33445
City, State & Zip

541-281-0899
Daytime Telephone number

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

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2009 FEB 13 PM 4:42

CLERK 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: *Now & Zen Wellness Inc*

ARTICLE II PRINCIPAL OFFICE

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

*2617
2617 ZORNO WAY
DELRAY BEACH, FL 33445*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

500 AT PAR VALUE EQUAL ONE DOLLAR (\$1.00).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*MARJORIE E. FOLEY
PRESIDENT, SEC'Y.*

ARTICLE VI REGISTERED AGENT

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

*MARJORIE E. FOLEY
2617 ZORNO WAY
DELRAY BEACH, FL 33445*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*MARJORIE E. FOLEY
2617 ZORNO WAY
DELRAY BEACH, FL 33445*

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

Marjorie E. Foley

Signature/Registered Agent

2.3.09

Date

Marjorie E. Foley

Signature/Incorporator

2.3.09

Date