PIMOZHOYO

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT: Extra Ordinary Health	With Maggie, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: W. Rodgers Moore, P.A.	e (Printed or typed)		
1900 Glades Rd., Sutie	401		
Address			
Boca Raton, FL 33431	State & Zip		
561-394-7944 Daytime T	elephone number		
wrmoorelaw@gmail.com E-mail address: (to be use	d for future annual report notification)		

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)

	Extra Ordinary Health W	/ith Maggie Ir	nc	FIEED.
The name of the corp	oration shall be:	min maggio, ii		11 MAR -9 PM 4: 13
ARTICLE II P	RINCIPAL OFFICE			- 1 PH 4: 13
	Principal street address	1	Mailing addre	ss, if different is:
	St. James Drive Im Beach Gardens, FL 33418		*	
Ea	III Beach Gardens, Ft. 33416			W. 1 22.2.2.2.2.
			•	
The purpose for whi	URPOSE the corporation is organized is:			
The purpose for with	on the corporation is organized is.			
ARTICLE IV S	HADES			
The number of shares				
ADTICLE W	NITIAL OFFICERS AND/OR DIRECTOR	e		
	::Margaret Dillon Winner, D. PTS		:	
Address:	28 St. James Drive			
	Palm Beach Gardens, FL 33418	_		
		_		
Name and Title	p;	_ Name and Title	:	
Address:		Address:		
		_		
	· · · · · · · · · · · · · · · · · · ·	_		
	»:	Name and Title	:	
Address:		_ Address:		
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4 D. W. C. J. D. T. T. D. D. T. T. D. D. T. T. D. D. T. T. D. D. T. D. T	MAYAMADAD AGAIM			
	EGISTERED AGENT ia street address (P.O. Box NOT acceptable) of	the registered age	nt is:	
Name:	Margaret Dillon Winner		110 15.	
Address:	28 St. James Drive	_		
	Palm Beach Gardens, Fl. 33418	_		
ARTICLE VII I	NCORPORATOR			
	ess of the Incorporator is:			
Name:	Margaret Dillon Winner	_		
Address:	28 St. James Drive Palm Beach Gardens, FL 33418	-		
	Palifi Beacif Gardens, PL 35418	_		
	as registered agent to accept service of process			
this certificate, I am	familiar with and accept the appointment as reg	istered agent and	agree to act ii	n this capacity
Ma	and Aller William			2/25/11
	Required Signature/Registered Agent			Date Date
				Duit
	ent and affirm that the facts stated herein are			
	artment of State constitutes a third degree felon		n s.817.155, 1	r.S.
Ma La	aret Heller Illia			2/25/1
	Required Signature/Incorporator			Date