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04/11/11--01023--017 \*

(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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SC  
4-11-11

## COVER LETTER

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

SUBJECT: IMMERSION HEALTH, 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: ERICK HATHORN  
Name (Printed or typed)

2004 RIVERSIDE PLACE, UNIT#5  
Address

WILTON MANORS, FLORIDA 33305  
City, State & Zip

(954) 873-5200  
Daytime Telephone number

EHATHORN@IMMERSIONCONSULTING.COM ✓  
E-mail address: (to be used for future annual report notification)

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

2011 APR 11 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

**IMMERSION HEALTH, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2004 RIVERSIDE PLACE, UNIT#5  
WILTON MANORS, FLORIDA 33305

Mailing address, if different is:  
2004 RIVERSIDE PLACE, UNIT#5  
WILTON MANORS, FLORIDA 33305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS PERMITTED IN THE STATE OF FLORIDA**

**ARTICLE IV SHARES**

The number of shares of stock is: **FIVE HUNDRED (500) SHARES @US\$1.00 PER SHARE**

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

Name and Title: ERICK HATHORN, PRESIDENT  
Address: 2004 RIVERSIDE PLACE, UNIT#5  
WILTON MANORS, FL 33305

Name and Title: FREDRICK C. HATHORN  
Address: 2004 RIVERSIDE PLACE, UNIT#5  
WILTON MANORS, FL 33305

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

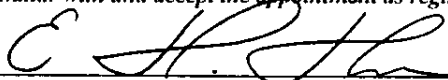
Name: ERICK HATHORN  
Address: 2004 RIVERSIDE PLACE, UNIT#5  
WILTON MANORS, FL 33305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

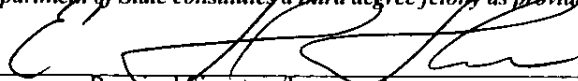
Name: ERICK HATHORN  
Address: 2004 RIVERSIDE PLACE, UNIT#5  
WILTON MANORS, FL 33305

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

4/8/11  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

4/8/11  
\_\_\_\_\_  
Date

FILED  
2011 APR 11 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA