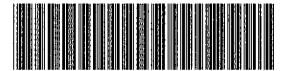
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or a/19/13

COVER LETTER

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

SUBJECT: Weight & Wellness International, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Joanne Jacquart					
_	Nan	ne (Printed or typed)			

Name (Printed or typed)

P.O. Box 902

Address

Umatilla, FL 32784

City, State & Zip

352-669-0333

Daytime Telephone number

ijgotmail@gmail.com

E-mail address: (to be used 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)

	In compliance with Chapter 607 ar	nd/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAD	ME Weight & Welli	ness Internation	SECRETARY OF STALE VALUE IN COORPORATIONS
ARTICLE II PRI	NCIPAL OFFICE		12 251 10 111 0.00
14030 Lake	Principal street address Vale Road	P.O. Box 9	dress, if different is:
Umatilla, FL		Umatilla, F	
Omatina, i L		<u>Omama, r</u>	2 02701
ARTICLE III PUR			
	the corporation is organized is: nd Nutritional educatio	on for disease p	revention
		on to alocado p	

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R			
			
ADMICE DE CIT	ADDO A GOO		
ARTICLE IV SHA The number of shares of	stock is: 1,000	<u>. </u>	
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTO)RS	
	John R. Pyle	Name and Title:	
Address	P.O. Box 2268	Address:	
Address	Umatilla, FL 32784	Addiess.	
			
Name and Title	Joanne Jacquart	Name and Title:	
Address	P.O. Boy 902		
Address	Umatilla, FL 32784	Address:	
	omama, r z ozror		
Name and Title	•	Name and Title:	
Address		Address:	

Name and	I Title:	Name and Title:
Address		Address:
Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of John R. Pyle 14030 Lake Yale Road	the regist ered agent is:
Address:	Umatilla, FL 32784	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Joanne Jacquart	
Address:	14030 Lake Yale Road	
	Umatilla, FL 32784	
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	
	Bequired Signature/Registered Agent	9/12/2013
I submit this doci		Date rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
- Fo	Required Signature/Ingorporator	9/12/2013 Date
-		

SECWETARY OF STATE
DIVISION OF CORPORATIONS

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