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COVER LETTER

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

SUBJECT: UN	IIWORLD HEAL	TH AND FI	THESS CO	PORATION
(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	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	F .
		ADDITIONAL CO	Status PY REOUIRED	
FROM: KEVIN M. O'COIN, ESQ. Name (Printed or typed)				
2710 CAllISTA COURT, SUITE 202				
NAPLES, FLORIDA 34114				
727.851.5678 Daytime Telephone number				
OCOINIEGA @ 201. COM E-mail address: (to be used for future annual report notification)				
E-mail address. (to be used for future animal report normalism)				

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/0r Chapter 621, F.S. (Profit)

ARTICLE I NAME

UNIWORLD HEALTH AND FITNESS CORPORATION

PRINCIPAL OFFICE ARTICLE II

2710 CALLISTA COURT, SUITE 202 NAPLES, FLORIDA 34114

ARTICLE III **PURPOSE**

ANY AND ALL ACTIVITIES FOR PROFIT PERMITTED BY LAW

ARTICLE IV SHARES

TWO THOUSAND

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

MYRA K. O'COIN, PRESIDENT 2710 CALLISTA COURT, SUITE 202 NAPLES, FL 34114

REGISTERED AGENT ARTICLE VI

KEVIN M. O'COIN, ESQ 2710 CALLISTA COURT, SUITE 202 NAPLES, FL 34114

ARTICLE VII INCORPORATOR

MYRA K. O'COIN 2710 CALLISTA COURT, SUITE 202 NAPLES, FL 34114

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

nature/Registered Agent

Signature/Incorporator