Conformation INFORMATION Structers, INC. 9201-JIAW STRIET TALAHANSFE, FE 1230 P95000, 904-222-0191 TAX 05 F CSO networks	
MAIL TO: P.O. BOX 5828 ACCOUNT NO. 1 072100000000 TALLAHASSEL, FL 32314 ACCOUNT NO. 1 072100000000	
DRDER DATE : February 3, 1995 ORDER TIME : 3:12 PH ORDER NO. : 536591 CUSTOMER ND: 10273A CUSTOMER: Steven R. Cohen, Esq STEVEN R. COHEN, ESQ Suite 521 3300 University Drive Coral Springs, FL 33065	100001397831
DOMESTIC FILING P9500009510 NAME: GANTAA, INC.	
XXX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF XXX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper EXAMINER'S	

FILED 95 FEB - 3 M 8 55 SECRETAR TALLAMASSEE, FLORIDA

### ARTICLES OF INCORPORATION

OF

### **GAHTAA**, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

### ARTICLE I. NAME

The name of the corporation shall be:

GAHTAA, INC.

The address of the principal office of this corporation shall be 5413 East Leitner Drive, Coral Springs, Florida 33067, and the mailing address of the corporation shall be the same.

### ARTICLE II. NATURE OF BUSINESS

The sole and only purpose of the corporation is the operation of an AMWAY distributorship.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

## ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

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# ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Dr. Glenn Meyers	5413 East Leitner Drive
Dir.	Coral Springs, Florida 33067
Heidi Meyers Dir.	Same

#### ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Dr. Glenn Meyers	5413 East Leitnor Drive
Pres./Treas.	Coral Springs, Florida 33067
Heidi Meyers V.Pres./Sec.	Same

### ARTICLE VIII. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

### ARTICLE IX. SPECIAL PROVISION

This corporation shall be organized to comply with the provisions of Subchapter S of the Internal Revenue code, 26 U.S.C. 1361 et. seq., and shall take all actions necessary to obtain and maintain its status as an S corporation as defined therein.

### ARTICLE X. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301 IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunte set their hand and seal of Corporation Information Services, Inc., on February 3, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: <u>Jaci Check</u>. Its Agent, Gall Shelby

### ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN THE ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: <u>Jack Check</u> Its Agent, Gail Shelby J

AHH/dks

P9500009510 SECRETARY OF STATE STEVEN R. COHEN, P.A. DIVISION OF CORPORATIONS ATTOPNEY AT LAW

Suite 521 Coral Springt Financial Plaza 3300 University Drive Coral Springs, Florida 330x\*

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Phone (305) 753-1390 Fax (305) 346-9514

March 7, 1995

Divisions of Corporations Florida Dept. of State P.O. Box 6327 Tallahassee, FL 32314

Attn: Change of Registered Agent: Gahtaa, Inc.

Dear Sirs:

Enclosed herein please find a Statement of Change of Registered Agent and a \$35.00 check for said change. Also enclosed is a copy of said document. Please return the stamped copy back to my office.

Thank you for your attention.

Very truly yours

la per-

Steven R. Cohen

SRC/1b Encle

RA Chg m

Charter No Process 110

Date Filed F. 6. 3. 1. 9 15

# STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: GA HTAA, INC.

2.	The name and address of its present registered agent is:	DI DI
	CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301	95 HAR -9
3.	The <u>name and street address</u> to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)	HH ID:
	STEUEN R. COHEN ESQ	
_3	300 University Dr. Suito 521	
С.	orul Spinss, FL 33065	

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

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5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

HEIDE MEYERS. Give Preside (Typed or printed name and title)	Signature Height VI
	Date $\frac{2}{1}$
ABOVE STATED CORPORATION AT THE P ACCEPT THE APPOINTMENT AS REGISTERE THER AGREE TO COMPLY WITH THE PROV AND COMPLETE PERFORMANCE OF MY D	GENT AND TO ACCEPT SERVICE OF PROCESS FOR THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ID AGENT AND AGREE TO ACT IN THIS CAPACITY, I FUR- VISIONS OF ALL STATUTES RELATIVE TO THE PROPER DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE STERED AGENT UNDER SECTION 607 0505, FLORIDA

Please Print/Type Name	STEUEN R. COHEN	
Signature	1. Cohen	
	the second s	
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