P95000013462

FEBRUARY 14, 1995

DEPARTMENT OF STATE
DEVISION OF CORPORATIONS
489 LAST GAINES STREET
TALLAHASSLE, FLORIDA 32399
PHONE 9847487-6852

200000001440074002 02/15/95-401090-4000 4444122.50 4444122.50

SUBJECT: L.B.S. WELLNESS, INC.

TO WHOM IT MAY CONCERN.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CAPTIONED CORPORATION, AND A CHECK IN THE AMOUNT OF \$122.50.

ALSO ENCLOSED YOU WILL FIND A COMPLETED UPS NEXT DAY $\Lambda 1R$ BILL, PLEASE RETURN THE ARTICLES OF INCORPORATION VIA THIS AIR BILL.

THANKING YOU IN ADVANCE FOR YOUR ATTENTION TO THIS MATTER.

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ARTICLES OF INCORPORATION

OF

L.B.S. WELLNESS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME	. (1)
The name of the corporation shall be:	
L.D.S. WELLNESS, INC.	· · · · · · · · · · · · · · · · · · ·
ARTICLE II PRINCIPAL OFFICE	÷ 0;

The principal place of business and mailing address of this corporation shall be:

8945 Saddlecreek Drive

Boca Raton, FL 33343

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

SIXTY (60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert E. Gleason

8945 Saddlecreek Drive

Boca Raton, FL 33343

ARTICLE V INCORPORATOR(S)

The name(α) and street address(os) of the incorporator(s) to these Articles of Incorporation 1s (are):

Robert E. Gleason

8945 Saddlocrook Drive

Boca Raton, FL 33343

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7th day of February, 1995.

Signature

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: L.B.S. WELLNESS, INC.
- 2. The name and address of the registered agent and office is:

Robert E. Gleason

8945 Saddlecreek Drive

Boca Raton, FL 33343

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I futher agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Data)

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CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUART TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: L.B.S. WELLNESS, INC.
- 2. The name and address of the registered agent and office in:

Robert E. Glenson

8945 Saddlecreek Drive

Boca Raton, FL 33343

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I futher agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

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