

P95000068407

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Atlantic Health & Life, Inc.

C.C. FEE: DISBURSED

☒ Capital Express™  
☒ Art. of Inc. File \_\_\_\_\_  
\_\_\_\_\_  
Corp. Record Search \_\_\_\_\_  
\_\_\_\_\_  
Ltd. Partnership File \_\_\_\_\_  
\_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ Cert. Copy(s) \_\_\_\_\_

\_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_  
Dissolution/Withdrawal \_\_\_\_\_  
\_\_\_\_\_  
C U S - \_\_\_\_\_  
\_\_\_\_\_  
Fictitious Name File \_\_\_\_\_

\_\_\_\_\_  
Name Reservation \_\_\_\_\_  
\_\_\_\_\_  
Annual Report/Reinstatement \_\_\_\_\_  
\_\_\_\_\_  
Reg. Agent Service \_\_\_\_\_  
\_\_\_\_\_  
Document Filing \_\_\_\_\_

\_\_\_\_\_  
Corporate Kit \_\_\_\_\_  
\_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
\_\_\_\_\_  
Driving Record \_\_\_\_\_  
\_\_\_\_\_  
Document Retrieval \_\_\_\_\_

\_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_  
File No.'s, \_\_\_\_\_ Copies  
\_\_\_\_\_  
Courier Service \_\_\_\_\_  
\_\_\_\_\_  
Shipping/Handling \_\_\_\_\_  
\_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
\_\_\_\_\_  
Top Priority \_\_\_\_\_  
\_\_\_\_\_  
Express Mail Prep. \_\_\_\_\_  
\_\_\_\_\_  
FAX ( ) \_\_\_\_\_ pgs.

SUBTOTALS \_\_\_\_\_

FEE..... \$

DISBURSED..... \$

SURCHARGE..... \$

TAX on corporate supplies..... \$

SUBTOTAL..... \$

PREPAID..... \$

BALANCE DUE..... \$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAK \_\_\_\_\_

WALK-IN 9-1 300  
Will Pick Up



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 1, 1995

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST., STE. 1  
TALLAHASSEE, FL 32301

SUBJECT: ATLANTIC HEALTH & LIFE, INC.  
Ref. Number: W95000017713

We have received your document for ATLANTIC HEALTH & LIFE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng  
Document Specialist

Letter Number: 995A00040866

95 SEP -5 1995

DIVISION OF CORPORATIONS

*Corrected*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 5, 1995

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST, SUITE 1  
TALLAHASSEE, FL 32302

SUBJECT: ATLANTIC HEALTH & LIFE, INC.  
Ref. Number: W95000017768

We have received your document for ATLANTIC HEALTH & LIFE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 595A00040975

*Corrected*

DIVISION OF CORPORATIONS

95 SEP -8 11 9 40

**ARTICLES OF INCORPORATION  
FOR  
ATLANTIC HEALTH & LIFE, INC.**

The undersigned subscriber(s) to these Articles of Incorporation hereby form a corporation under the laws of the state of Florida.

**ARTICLE I  
Corporation Name**

The name of the corporation is: Atlantic Health & Life, Inc.

**ARTICLE II  
Duration**

This corporation shall exist perpetually, unless otherwise dissolved according to Florida law.

**ARTICLE III  
Purpose**

The purpose of this corporation is to conduct any and all business activities as permitted under the laws of the State of Florida.

**ARTICLE IV  
Capital Stock**

This corporation is authorized to issue 100 shares of common stock having a normal par value of \$1.00.

**ARTICLE V  
Right of First Refusal**

Each initial director shall have the first right to purchase the shares of stock held by other in the event a sale is desired.

**ARTICLE VI  
Initial Registered Agent and Office**

The name and street address of the Registered Agent of this corporation is:

Douglas Rumer  
100 South Beach Street, Suite 214  
Daytona Beach, Florida 32114

The mailing address of this corporation is:  
100 South Beach Street, Suite 214  
Daytona Beach, Florida 32114

The principal address and the registered office address are the same.

**FILED**  
25 SEP -6 PM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII  
Initial Incorporators**

The names and street addresses of the initial Board Incorporators are:

Douglas Rumer  
2900 North Atlantic Avenue  
Suite 1102  
Daytona Beach, Florida 32118

**ARTICLE VIII  
Initial Board of Directors**

This corporation shall initially have two (2) directors. The number of directors of this corporation may be changed at any time, but shall never be less than one.

The names and street addresses of the initial Board of Directors are:

Douglas Rumer            2900 North Atlantic Avenue, Suite 1102  
Daytona Beach, Florida 32118

Salvatore Campone      4095A Woods Edge Circle  
Palm Beach Gardens, Florida 33410

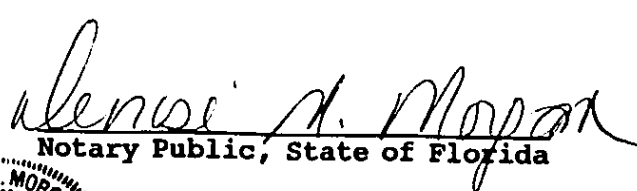
The undersigned subscribers, in witness hereof, have executed the Articles of Incorporation this 30 August of 1995.

  
\_\_\_\_\_  
Douglas Rumer

State of Florida  
County of Volusia

Sworn to and subscribed before me this 30 day of August, 1995.

My commission expires:

  
\_\_\_\_\_  
Notary Public, State of Florida



**REGISTERED AGENT  
CERTIFICATE AND ACKNOWLEDGEMENT**

**FILED**

95 SEP -6 AM 10:06

**CERTIFICATE OF REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OF

**ATLANTIC HEALTH & LIFE, INC.**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF  
THE STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE  
ARTICLES OF INCORPORATION AT:**

**100 South Beach Street  
Suite 214  
Daytona Beach, Florida 32114**

**HAS NAMED DOUGLAS RUMER**

**LOCATED AT THE HEREIN MENTIONED ADDRESS, AS ITS REGISTERED  
AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.**

**100 South Beach Street  
Suite 214  
Daytona Beach, Florida 32114**

**I HEREBY ACCEPT TO ACT AS REGISTERED AGENT AND ACCEPT SERVICE  
OF PROCESS FOR THE ABOVE STATED CORPORATION, AND AGREE TO COMPLY  
WITH THE PROVISIONS OF THE LAWS OF FLORIDA IN KEEPING OPEN SAID  
OFFICE.**

  
**DOUGLAS RUMER  
REGISTERED AGENT**