

P96000007772

TRANSMITTAL LETTER

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

SUBJECT: Health Care Health Fairs, Inc.

Enclosed is an original and one (1) copy of the articles of
incorporation and a check for: 70.00

XX \$78.75 \$122.50 \$131.25

From: Lisa Evenstad
605 Flamingo Drive
Madiera Beach, Florida 33708
(813)393-5365

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Health Care Health Fairs, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal place: 605 Flamingo Drive
Madera Beach, Florida 33708

Mailing Address: P.O. Box 26033
St. Petersburg, Florida 33742

ARTICLE III SHARES

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

5,000

ARTICLE IV INCORPORATOR(S)

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

Lisa Evonstad
17551 2nd Street E
Redington Beach, Florida 33708

ARTICLE V OFFICERS OF THE INCORPORATION

President: Lisa Evonstad

The undersigned incorporator has executed these Articles of Incorporation this Eighteenth day of January, 1996.

Lisa Evonstad
Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFIC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Health Care Health Fairs, Inc.
2. The name and address of the registered agent and office is:

Lisa Evenstad
605 Flamingo Drive
Madiera Beach, Florida 33708
(813)393-5365

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 further 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.

Lisa Evenstad
Signature

1-18-96
Date