FEB-01 13153 8 (((H9 10: MIAMI FL 33135-3394-0000 TALLAHASSEE, CONTACT: RAY STORMONT FL 32399 PHONE: (305) 541-3694 FAX: (904) 922-4000 FAX: (305) 641-3770 FLORIDA PROFIT CORPORATION OR P.A. (((H96000001567))) DOCUMENT TYPE: NAME: INSTITUTE OF NUTRITIONAL THERAPY, INC. FAX AUDIT NUMBER: H98000001567 CURRENT STATUS: REQUESTED TIME REQUESTED: 13:10:09 DATE REQUESTED: 02/01/1990 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072450003255 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H98000001587))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND (CR): NUM CAPS Connect: 00:04:5 Help F1 Option Menu F2

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RECEMBEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 2, 1996

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: INSTITUTE OF NUTRITIONAL THERAPY, INC.

REF: W96000002521

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The corporate name must be identical throughout the document.

COMPARE THE NAME IN ARTICLE 1 TO THE NAME LISTED ON THE REGISTERED AGENT CERTIFICATE.

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) 487-6934.

Loria Poole Corporate Specialist FAX Aud. #: H96000001567 Letter Number: 696A0000464B

H960000003567

Propared by: Tod Andrew Wonton, Esquire 6350 N. Andrews Avenue Suite 300 Fort Lauderdale, FL 33309 FL Bar Number 0861162 (305) 938-9801 FILED 96 FEB - 2 FILE: 57 FILE ALASSEE, FLORD

ARTICLES OF INCORPORATION

OF

INSTITUTE OF NUTRITIONAL THERAPY, INC.

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

ARTICLE I NAME

The name of the corporation is INSTITUTE OF NUTRITIONAL THERAPY, INC..

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be 622 E. Hallandale Beach Boulevard, Hallandale, Florida 33009.

ARTICLE III CAPITAL STOCK

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

ARTICLE IV TIME

The period of the duration of this corporation is perpetual unless dissolved according to law.

ARTICLE V PURPOSE

The purpose for which the corporation is organized is to conduct any lawful business allowed in the State of Florida. The Articles of Incorporation along with the By-Laws of said corporation will govern.

ARTICLE VI DIRECTORS

The number constituting the initial Board of Directors of the corporation is one (1), and the name(s) and address(es) of the person(s) who are to serve initially are:

Florida 33009.

H96000001567

Florida 33009. ARTICLE VII The name and address of the incorporator is: MENTORA EUBANKS 622 E. Hallandale Beach Boulevard, Hallandale,

ARTICLE VIII REGISTERED AGENT AND ADDRESS

MENTORA EUBANKS 622 E. Hallandale Beach Boulevard, Hallandale,

The name and address of the initial registered agent is: MENTORA EUBANKS 622 E. Hallandale Boach Boulevard, Hallandale, Florida 33009.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this $\frac{1}{2}$ day of February, 1996.

Signature of Incorporator

State of Florida County of Broward

THE FOREGOING instrument was acknowledged and sworn to before me this / day of February, 1996

NOTARY

My Commission Expires:

TOD ANDREW WESTON My Comm Exp. 1-4-98 Bonded By Service has .No, CC331013

Hacioooop)#

Prepared by: Tod Andrew Weston, P.A. 6350 N. Andrews Avenue

6350 N. Andre Suite 300

Fort Lauderdale, Florida 33309

Florida Bar No. 0861162

(305) 93809801

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Purnuant to the provisions of Section 607.0501. Florida Statutes, the undersigned corporation, organized under 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 corporation in: INNEXABLE LANGUAGE THERAPY, INC.
- 2. The name and address of the registered agent and office is:

MENOTRA EUBANKS 622 E. Hallandalo Beach Bowlovard, Hallandale, Florida 33009.

Signature (COT, Orate Officer)

Title: President

Date: Jub. 61, 1996

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.

DATE: Leb. 01 1910 MANGE PH 22 PH 22 STORY FILING FEE: \$35.00 FF. FLORAL PH 22 STORY F