

P96000052176

TRANSMITTAL LETTER

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

FILED  
JUN 17 1996  
TALLAHASSEE, FL

SUBJECT: J. N. H. Heathworks Inc.  
(Proposed corporate name - must include suffix)

200001864862  
-06/18/96--01052--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Julie N. Hanson  
Name (printed or typed)

5082 W. Colonial Dr. STE 189  
Address

Orlando, FL 32808  
City, State & Zip

(352) 394-5100 or (407) 974-6224  
Daytime Telephone number

AL JUN 19 1996

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

**FILED**

96 JUN 17 PM 12:15

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**

The name of the corporation shall be:

*J. N. H. Healthworks Inc.*

**ARTICLE II PRINCIPAL OFFICE**

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

*5082 W. Colonial Dr. STE 189  
Orlando, FL 32808*

**ARTICLE III SHARES**

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

*1*

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

*Julie N. Hanson  
13451 Montevista Rd.  
Clermont, FL 34711*

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Julie N. Hanson - president/owner  
13451 Montevista Rd  
Clermont, FL 34711

(no other officers)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of June, 19 96.

(An additional article must be added if an effective date is requested.)

Julie N. Hanson M.A.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

J. N. H. Heathworks Inc.

2. The name and address of the registered agent and office is:

Julie N Hanson  
(NAME)

13451 Montevista Rd.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Clermont FL 34711  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Julie N. Hanson  
(SIGNATURE)

6-12-96  
(DATE)