Form C. Transmittal Letter to Secretary of State

## 7960000061068

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

900001999205 -07/19/96--01024--014 -\*\*\*\*131.25 | \*\*\*\*131.25

	·	·	\$####]3].25	東京海峡 1日1・代か
SUBJECT:/_	IP Health es	VI FITNESS CO.		
	(Proposed corporate	name – must include su	iffix)	
	, , ,			
Enclosed is an origin	nal and one (1) copy	of the articles of inco	rporation and a c	heck
S70.00 Filling Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certifled Copy & Certificate	
Please return the pho	otocopy to me with (	the filing date stampe	d on it.	95 JUL 19 P
FROM:		of L. 6-7-5-5 printed or typed)	<u> </u>	PA 1:52
	25460	.5.W. 144 Ave Address	<del></del>	
	Homeson City	cod <u>FC 330</u> State & Zip	33	
		869-3461 elephone Number		· · · · · · · · · · · · · · · · · · ·
·	,	•	221996 356	

ATTACICA OI	псорования
	Articles of Incorporation
1. The	name of the corporation shall be: VIP Health and Finness (Co.)
	96 JUL 19 PH 1:52
2. The	principal place of business and mailing address of the corporation ARY OF STATE 8460 S.W. 144 AVC. Horiza and, Fl. 33.033
3. The	corporation shall have the authority to issue 1,000,000 shares of stock.
4. The registe Florida	registered agent of the corporation is <u>Samuel L. Gissins</u> and the red street address is <u>28460 J. W. 144. Ave Homes cond.</u>
is/are <u>£4.                                    </u>	initial Board of Directors shall have 2 member(s) whose name(s) and address(es) as follows: Samuel 6 Gissing 29460 sw. 144 Avg. 1120 1120 1120 1120 1120 1120 1120 112
the cor	The number of directors may be raised or lowered by amendment of the bylaws of poration but shall in no case be less than one.
6. The address	e incorporator of this corporation is <u>Samuel 6. Gissing</u> whose street sis <u>29460 S.W. 144 Rve transferred Fl. 33033</u>
1	Dated 7/16/96
	Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 7/16/96

Registered Agent