

P96000081080
TRANSMITTAL LETTER

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

SUBJECT: American Weight Loss Inc.
(Proposed corporate name - must include suffix)

300001959463
-09/30/96--01021--012
****122.50 ****122.50

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:

Wendy Leavell
Name (printed or typed)

1037 Camp Ave
Address

mt Dora
City, State & Zip

Wendy Leavell GAVE

ARTICLES BY PHONE TO

C name

DATE 10/1/96

DOC. EXAM BSB

407 654-1444
Daytime Telephone number

OCT 1 1996 BSB

FILED
96 SEP 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

American Weight LOSS Inc

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 680549

Orlando, FL 32868

ARTICLE III SHARES

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

10 K.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wendy Leavell

1037 Camp Ave

Mt. Dora, FL 32757

FILED
15 SEP 27 11:15
TALLAHASSEE
FLORIDA

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):

Wendy D. Leavell
1037 Lump Ave
Mt Dora, FLA 32757

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

Sept day of 23, 19 96.

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

Wendy D. Leavell
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:

American Weight Loss Inc.

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

Wendy Leavell
(NAME)

1037 Camp Ave
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

mt Dora, FLA 32057
(CITY/STATE/ZIP)

FILED
SEP 27 AM 11:51
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.

Wendy Leavell
(SIGNATURE)

9.23.94
(DATE)