000094515

November 12th, 1996

Secretary of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: NO-TIME HEALTH PRODUCTS INC.

500002005655--7 -11/15/96--01037--018 ****122.50 ****122.50

Dear Sirs:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for registered Agent Designation for the above named corporation.

Sincerely.

John Rachivas II

NO-TIME HEALTH PRODUCTS INC. 1915 NE 204 TE Miami FL 33179

November 12th, 1996

Secretary of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: OF BEY HEALTH PRODUCTS INC.

Dear Sirs:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of Filing Pees. Certified Copy of Articles of Incorporation and Foo for registered Agent Designation for the above named corporation.

Sincerely.

John (Rechives I)

ARTICLES OF INCORPORATION of

PH 12: 28

ODYSSEY HEALT	H PRODUCT:	_ INC		96 1107 15
	(name of co	rporation)		
The undersigned subscriber(s) to these Ar hereby form a corporation under the laws of	ticles of Incor of the State of	poration, natural pe Florida.	rson(s) cor	mpetent to contract,
The name of the corporation is:	ICLE I - COR	PORATE NAME		
ODYSSEY 1	HEALTH PRO	DUCTS INC.		
	ARTICLE II - I	DURATION	a law.	1 7, 11
The corporation is organized for the purpos laws of the United States and the State of F	ARTICLE III - le of engaging Florida.	PURPOSE In any activities or	business į	permitted under the
The corporation is authorized to issue $\frac{f}{one}$ of one Dallar (\$ 1.00) par value	ICLE IV - CA ive hund Common Sto	PITAL STOCK red ock, which shall be	si designated	nares (500) d "Common Shares".
	IAL REGISTE	RED OFFICE AND		
NAME J on Pachivas II				
ADDRESS 1915 NE 204 TE				
CITY Miami	FLORID	A		ZIP 33179
The name and street address of the Initial R	legistered Age	ent of this Corporati	on is:	
NAME John Pachives ADDRESS 1915 NE 204 T				
113 114 204	FLORIDA			
CITY MIAMI	FLOHIDA	4		ZIP 33179
This corporation shall have 2 (tincreased or diminished from time to time by and address of the initial director(s) of the co	Wg director	Diff about nover be	-t- + 11	ectors may be either one (1). The names
NAME Neuma Motta				
ADDRESS 1915 NE 204 TE	···			
CITY Miami	STATE	Florida	ZIP	33179
	·			
NAME John Pachivas II				
ADDRESS 287 NE 118 TE				··-·
CITY Miami	STATE	Florida	ZiP	33160
1 VS				
ADDRESS				· · · · · · · · · · · · · · · · · · ·
CITY	STATE		ZIP	

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Neumu_Motta				
ADDRESS	1915 NE 204 TE				
CITY	Miami	STATE	Florida	ZIP	33179
NAME	John Pachivas II				
ADDRESS	287 NE 118 TE	····		·	
CITY	Miami	STATE	Florida	ZIP 33	160
NAME					
ADDRESS				 -	
CITY		STATE	· · · · · · · · · · · · · · · · · · ·	ZIP	
IN WITNESS V	WHEREOF, the undersigned su	bscriber(s) h	nave executed thes	a Articles of Ir	corporation this
day of _	, 19	,,			voor poroditori (ino
		meny.	(a) ~~	3 t/2	(Seal)
					(000.)
		- 90			(Seal)
			\	· <u> </u>	(Seal)
STATE OF FLO	·· - · ·	\)		
COUNTY OF	Dide ss)		
before me, a N	otary Public authorized to take a	acknowledge	ements in the State	and County s	set forth above
personally appe	ared (10 Moll			
	-				
	John	PUCN	IVas II		
known to me ar	nd know to be the person(s) who	executed t	he foregoing Article	es of Incorpora	tion and who
acknowledged I	before me that <u>they</u> ex	ecuted thes	e Articles of Incorp	oration.	
N WITNESS W	HEREOF, I have hereunto affix	ed my hand	and seal, in the S	tate and Coun	ty aforesaid, this
		in ill	1.		
	(Notary Seal)	X-6#(M		
	(Notar	Publid, Sta	ite of Florida at Lar	ge)	
20, 016	Y. TAM My Co	mmission ex	oires:		
	SION # CC 543740		·		

EXPIRES: March 29, 2000

Bonded Thru Notary Public Underwriters

FILED

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

96 NOV 15 PM 12: 28

CERTIFICATE OF REGISTERED AGENT

	ODYSSEY HEALTH PRODUCTS INC. (name of corporation)
	v
Pursuant to Florid	a Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation,
	te under the laws of the State of Florida with its registered office as indicated in the Articles of
Incorporation at _	1915 NE 204 TE
	Miami Florida 33179
nas named	John Pachivas II
	esaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)