

P96000101466

TRANSMITTAL LETTER

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

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-12/12/96--01071--017
****131.25 ****131.25

SUBJECT:

HEALTHUT of CENTRAL FLORIDA INC
(Proposed corporate name - must include suffix)

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: WADE H. VAN ELSWYCK
Name (Printed or typed)

1692 CANTON LANE
Address

OWIED, FL 32765
City, State & Zip

(407) 366-6184 / 359-3406
Daytime Telephone number

WADE H. VAN ELSWYCK GAVE
AUTHORIZATION BY PHONE TO
CORRECT ACT III
DATE 12.17.96
DOC. EXAM. KR

FILED
96 DEC 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12.17.96
KR

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:

HEALTHY OF CENTRAL FLORIDA INC.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

49 ALAFAYA WOODS BLVD STE #177
ORLANDO FL 32765

ARTICLE III SHARES

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

ONE (1)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WADE HEATH VAN ERSUYCK
1682 CANTON LANE
ORLANDO FL 32765

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):

WADE HEATH VANESLUYCK, PRESIDENT
1062 CANTON LANE
OUREAU FL 32765

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

NINTH day of DECEMBER, 19 96.

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

Wade Heath Vanesluyck
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 HEALTH OF CENTRAL FLORIDA INC.

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

WADE HEATH VAN ELSWYCK
(NAME)

1682 CANTON LANE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

OWEN FL 32765
(CITY/STATE/ZIP)

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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.

Wade Heath Van Elswyck
(SIGNATURE)

12-9-96
(DATE)