

P96000102022

TRANSMITTAL LETTER

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

FILED
96 DEC 17 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SMART Health, Inc.
(Proposed corporate name - must include suffix)

100002031881--1
-12/18/96--01015--008
***131.25 ***131.25

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:

DONNA PEARSON
Name (printed or typed)

200 EUGENE AVE Villa A-1
Address

Palm Beach, FL 33480
City, State & Zip

361-835-8646
Daytime Telephone number

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:

SMART Health, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

200 Everglade Av
Suite A-1
Palm Beach, FL 33480

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Donna Pearson

200 Everglade Av
V. 11A A1

Palm Beach, FL 33480

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):

Jim Hearn
8672 Grassy Isle Trail
Lake Worth, Fla 33467

Donna Pearson
200 Everglade Ave
Villa A-1
Palm Beach, Fla 33480

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

13 day of December, 1996.

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

Donna Pearson
Signature

Jim Hearn
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:

SMART Health Inc

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

Donna Pearson
(NAME)

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

Palm Beach, FL 33480
(CITY/STATE/ZIP)

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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.

Donna Pearson
(SIGNATURE)

12-13-96
(DATE)