

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE:

Better Bodies of  
Fort Lauderdale, Inc

C.C. FEE.

DISBURSED

Capital Express™  
✓ Art. of Inc. File  
Corp. Record Search  
Ltd. Partnership File  
Foreign Corp. File  
✓ ( ) Cert. Copy(s) photo

Art. of Amend. File  
Dissolution/Withdrawal  
C U S-  
Fictitious Name File

500002058135--6

Name Reservation -01/15/97--01001--005  
Annual Report/Reinstatement \*\*\*\*\*70.00 \*\*\*\*\*70.00  
Reg. Agent Service  
Document Filing

Corporate Kit  
Vehicle Search  
Driving Record  
Document Retrieval

UCC 1 or 3 File  
UCC 11 Search  
UCC 11 Retrieval  
File No.'s, Copies  
Courier Service  
Shipping/Handling  
Phone ( )  
Top Priority  
Express Mail Prep.  
FAX ( ) pgs.

SUBTOTALS

FEE..... \$

DISBURSED..... \$

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

FILED  
97 JAN 14 PM 2 14  
TALLAHASSEE, FLORIDA

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME 1/14 3:00 CK No. \_\_\_\_\_

BY [Signature]

WALK-IN Will Pick Up 1/15

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
97 JAN 14 PM 2: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Better Bodies of Fort Lauderdale, Inc.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **Better Bodies of Fort Lauderdale, Inc.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 169 NW 44th Street, Suite 17, Fort Lauderdale, FL 33309.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$.10) per share.

#### **ARTICLE IV: INTIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is James E. Nelson, Suite 17, 169 N.W. 44th St., Ft. Lauderdale, FL 33309.

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INTIAL BOARD OF DIRECTORS**

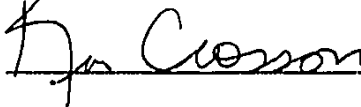
The name and address of each member of the initial Board of Directors of the corporation is

President, Treasurer, James E. Nelson, 4361 W. McNab Road, #28, Pompano Beach, FL 33069.

Vice Pres., Secretary, Andres J. Castellon, 111 NW 53rd St., Ft. Lauderdale, FL 33309.

The undersigned has executed these Articles of Incorporation this 14th day of January 1997.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

\_\_\_\_\_

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
97 JAN 14 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Better Bodies  
of Fort Lauderdale, Inc.

2. The name and street address of the registered agent and office is: James E. Nelson

business address  
Suite 17, 169 N.W. 44<sup>th</sup> St., Ft. Laud., FL 33309.

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.

Soell