

TRANSMITTAL LETTER

ORIGINAL

PM000011649

Department of State
Division of Corporations
P.O. Box 827
Tallahassee, FL 32314

SUBJECT: DIET MAGIE, Inc.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 122.50

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-02/04/97--01002--016
****122.50 ****122.50

FROM:

KAREN GOZALI

Name (printed or typed)

1799 N.E. 164TH STREET SUITE 112

Address

NO. MIAMI BEACH, FL. 33162

City, State, & Zip

(305) 947-2552

Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 FEB -3 PM 2:12

FILED

[Handwritten signature]
2/5

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

ARTICLES OF INCORPORATION
OF

DIET MAGIC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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:

DIET MAGIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

1799 N.E. 164TH STREET #112
No. Miami Beach, FL. 33162

ARTICLE III SHARES

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

100 SHARES (NO PAR VALUE)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KAREN GOZALI
1799 N.E. 164TH ST. #112
No. Miami Beach, FL. 33162

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

{ KAREN GOZALI, PRESIDENT, DIRECTOR, ORIG. INCORP.
EYAL YOSEF, SECT'Y-TREAS, DIRECTOR, ORIG. INCORP.
1799 N.E. 164TH STREET, UNIT #11V
NO. MIAMI BCH, FL. 33162

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

14 day of January, 1997.

(X) Karen Gozali RSG/27
Signature

(X) EYAL YOSEF E.Y. Yosef
Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: DIET MAGIC, INC.

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

KAREN GOZALI
(Name)
1799 N.E. 16TH ST. #112
(P.O. Box/NOI acceptable)
NO. MIAMI BEACH, FL. 33162
(City/State/Zip)

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.

SIGNATURE (X) Karen Gozali
DATE 1/14/97

REGISTERED AGENT FILING FEE: \$35.00

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314