

TRANSMITTAL LETTER

P97000014433

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

800002077408--1  
-02/04/97--01173--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Family Diabetic and Nutrition Centers, 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

Please return the photocopy to me with the filing date stamped on it.

*See enclosed stamped & addressed priority mail/envelope*

FROM:

Michael S. LeGath

Name (printed or typed)

770-B Pasadena Ave S.

Address

South Pasadena, FL 33707

City, State & Zip

(813) 347-2568

Daytime Telephone Number

FAX (813) 347-9414

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 FEB 13 AM 8:43

FILED

W97-2993  
KR 2-6  
2-14-97



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

February 6, 1997

**MICHAEL S LEGATH**  
770-B PASADENA AVE S.  
SOUTH PASADENA, FL 33707

**SUBJECT: FAMILY DIABETIC AND NUTRITION CENTERS, INC.**  
Ref. Number: W97000002993

We have received your document for FAMILY DIABETIC AND NUTRITION CENTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

**Kimberly Rolfe**  
Document Specialist

Letter Number: 597A00006350

## Articles of Incorporation

FILED  
97 FEB 13 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation shall be: Family Diabetic and Nutrition Centers, Inc.
2. The principal place of business and mailing address of the corporation is: 770-B Pasadena Ave S., South Pasadena, FL 33707.
3. The corporation shall have the authority to issue 100,000 shares of stock.
4. The registered agent of the corporation is Michael S. LeGath and the registered street address is 770-B Pasadena Ave. S., South Pasadena, FL 33707.
5. The initial Board of Directors shall have 2 members whose names and address are as follows: Michael S. LeGath and Pamela L. LeGath, 770-B Pasadena Ave S., South Pasadena, FL 33707.  
The number of directors may be raised or lowered by amendment of the bylaws of the corporatio but shall in no case be less than one.
6. The incorporator of this corporation is Michael S. LeGath whose street address is 770-B Pasadena Ave S., South Pasadena, FL 33707.

Dated January 24, 1997

Michael S LeGath  
Incorporator

**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: Family Diabetic and Nutrition  
Centers, Inc.

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

Michael S. LeGath  
(Name)  
770-B Pasadena Ave S.  
(P.O. Box NOT acceptable)  
South Pasadena, FL 33707  
(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

Michael S. LeGath

DATE

2/8/97

REGISTERED AGENT FILING FEE: \$35.00

FILED  
97 FEB 13 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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