

097000018528

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

RE: Better Bodies
Interregional, Inc

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 \$ _____

FILED
 97 FEB 27 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AL FEB 27 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>AAA</u>	_____	_____	_____

WALK-IN Will Pick Up 2/27 1200

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express SM	_____	_____
<input type="checkbox"/> Art. of Inc. File	_____	_____
<input type="checkbox"/> Corp. Record Search	_____	_____
<input type="checkbox"/> Ltd. Partnership File	_____	_____
<input type="checkbox"/> Foreign Corp. File	_____	_____
<input type="checkbox"/> () Cert. Copy(s)	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	_____	_____
<input type="checkbox"/> Fictitious Name File	_____	_____
<input type="checkbox"/> Name Reservation	_____	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____	_____
<input type="checkbox"/> Reg. Agent Service	_____	_____
<input type="checkbox"/> Document Filing	_____	_____
<input type="checkbox"/> Corporate Kit	_____	_____
<input type="checkbox"/> Vehicle Search	_____	_____
<input type="checkbox"/> Driving Record	_____	_____
<input type="checkbox"/> Document Retrieval	_____	_____
<input type="checkbox"/> UCC 1 or 3 File	_____	_____
<input type="checkbox"/> UCC 11 Search	_____	_____
<input type="checkbox"/> UCC 11 Retrieval	_____	_____
<input type="checkbox"/> File No.'s, _____ Copies	_____	_____
<input type="checkbox"/> Courier Service	_____	_____
<input type="checkbox"/> Shipping/Handling	_____	_____
<input type="checkbox"/> Phone ()	_____	_____
<input type="checkbox"/> Top Priority	_____	_____
<input type="checkbox"/> Express Mail Prop.	_____	_____
<input type="checkbox"/> FAX () pgs.	_____	_____

SUBTOTALS _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
.....	\$ _____

97 FEB 27 AM 10:39
 RECEIVED
 DIVISION OF CORPORATION

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, 10% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
of
BETTER BODIES INTERNATIONAL, INC.

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TALLAHASSEE, FLORIDA

FIRST:

The name of the Corporation shall be BETTER BODIES INTERNATIONAL, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the incorporator of BETTER BODIES INTERNATIONAL, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

2/29/97
Date


Stanley A. Goldsmith

SEVENTH:

The initial Board of Directors of the corporation shall consist of one (2) members:

STACY P. TAYLOR
P. O. Box 5564
Sarasota, FL 34237

DEREK WETZEL
2226 Clematis St.
Sarasota, FL 34239

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EIGHTH:

The incorporator of BETTER BODIES INTERNATIONAL, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

Stacy P. Taylor
STACY P. TAYLOR
P. O. Box 5564
Sarasota, FL 34237

Derek Wetzel
DEREK WETZEL
2226 Clematis St.
Sarasota, FL 34239

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of BETTER BODIES INTERNATIONAL, INC., were acknowledged before me this 26th day of February, 1997, by STANLEY A. GOLDSMITH as registered agent. He is personally known to me and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878

Andrea Bailey
Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____ and my commission expires on _____.

The foregoing Articles of Incorporation of BETTER BODIES INTERNATIONAL, INC., were acknowledged before me this 26th day of February, 1997, by STACY P. TAYLOR, as incorporator. He is personally known to me or has produced FL D.L.# as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878

Andrea Bailey
Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____ and my commission expires on _____.

The foregoing Articles of Incorporation of BETTER BODIES INTERNATIONAL, INC., were acknowledged before me this 26th day of February, 1997, by DEREK WETZEL, as incorporator. He is personally known to me or has produced FL D.L.# as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878

Andrea Bailey
Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____ and my commission expires on _____.