

**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 \$ \_\_\_\_\_

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 APP \_\_\_\_\_

WALK-IN  
Will Pick Up 2/27 1200

11-2529-7 PONDEN'S INC., THOMASVILLE, GA.

RE: Better Bodies  
International, Inc

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express <sup>SM</sup>		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" 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 Prep.		
<input type="checkbox"/> FAX ( ) pgs.		

SUBTOTALS \_\_\_\_\_

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

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.**

**FILED**  
97-FEB 27 PM 2:49  
SECRETARY OF STATE  
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  
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

**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  
P. O. Box 5564  
Sarasota, FL 34237

  
DEREK WETZEL  
2226 Clematis St.  
Sarasota, FL 34239

**FILED**

97 FEB 27 PM 2:49

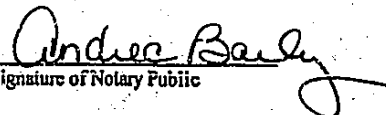
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA )  
COUNTY OF SARASOTA ) ss:

The foregoing Articles of Incorporation of BETTER BODIES INTERNATIONAL, INC., were acknowledged before me this 26<sup>th</sup> 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

  
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 26<sup>th</sup> day of February, 1997, by STACY P. TAYLOR, as incorporator. He is personally known to me or has produced FLA 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

  
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 26<sup>th</sup> day of February, 1997, by DEREK WETZEL, as incorporator. He is personally known to me or has produced FLA 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

  
Signature of Notary Public

Print Name of Notary Public

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