# 1997000003731S

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

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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

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ARTICLES OF INCORPORATION

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OF

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Alternative Health Ways, Inc.

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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: Alternative Health Ways, Inc.

#### **ARTICLE II - PRINCIPAL OFFICE**

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

90 N. Beach Street Ormond Beach, Florida 32174

#### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Sixty (60) shares at no par value.

#### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael J. Rodriguez 90 N. Beach Street Ormond Beach, Florida 32174

### **ARTICLE V - INCORPORATORS**

The name and street address of the incorporator of these Articles of Incorporation is:

Michael J. Rodriguez 90 N. Beach Street Ormond Beach, Florida 32174

The undersigned incorporator has executed these Articles of Incorporation this 10/1/2 day of March , 1997.

Michael L Rodrigue

## **CERTIFICATE OF DESIGNATION OF**

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#### REGISTERED AGENT/REGISTERED OFFICE OF

Alternative Health Ways, Inc.

PURSUANT TO THE PROVISIONS OF SECTION 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: Alternative Health Ways, Inc.
- 2. The name and address of the registered agent and office is:

Michael J. Rodriguez 90 N. Beach Street Ormond Beach, Florida 32174

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.

Signaturo

Date