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Requestor's Name

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Office Use Only

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Attorney and Counselor At Law

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Suite 839  
Clearwater, Florida 34615

NUMBER(S), (if known):

(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. American Medical Health and Nutrition, Inc.  
(Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 12 PM 1:59

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Examiner's Initials

JPH  
5/14

CERTIFICATE OF INCORPORATION  
OF  
AMERICAN MEDICAL HEALTH AND NUTRITION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 12 PM 1:59

1. **Name.**

The name of the Corporation is AMERICAN MEDICAL HEALTH AND NUTRITION, INC..

2. **Principal Office and Registered Agent.**

Its principal office and registered office in the State of Florida is 10613 117th Drive North, in the City of Largo, County of Pinellas. The name of its registered agent at such address is Shirley Gunn.

3. **Purposes.**

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Florida.

4. **Capital Stock.**

The total number of shares of capital stock that the Corporation shall have authority to issue is 10,000, all of which are to be common stock with no par value.

5. **Incorporator.**

The name and mailing address of the incorporator is: Shirley Gunn, 10613 117th Drive North, Largo, FL 33773.

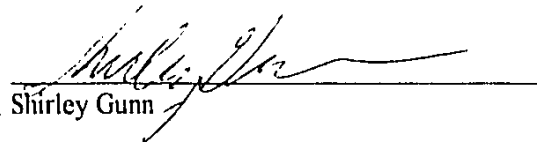
6. **Existence.**

The Corporation is to have perpetual existence.

7. **Liability of Stockholders.**

The private property of the stockholders shall not be subject to the payment of corporate debts.

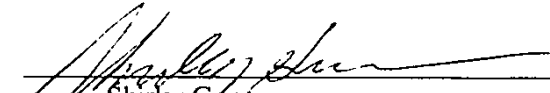
I, THE UNDERSIGNED, the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Florida, do make this Certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly I have hereunto set my hand this 8th day of May, 1997.

  
Shirley Gunn

ACCEPTANCE BY REGISTERED AGENT

I, Shirley Gunn, having been named to accept service of process for the above named

corporation, at the place designated above in paragraph two, and I hereby agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations of section 607.325, Florida Statutes.

  
Shirley Gann

Dated: May 8, 1997.