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TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 15 AM 9:44

SUBJECT: Health Wisdom, 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

ADDITIONAL COPY REQUIRED

FROM: Kam P. Lee
Name (Printed or typed)

100002293041--5
-09/15/97--01101--023
*****78.75 *****78.75

2000-H, Wells Rd.
Address

Orange Park, Fl. 32073
City, State & Zip

(904) 276-7911
Daytime Telephone number

WS 9/16

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

Health Wisdom, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2000-H Wells Rd. Orange Park, Fl. 32073

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kam P. Lee

2000-H Wells, Orange Park, Fl.32073

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kam P. Lee
2000-H, Wells Rd. Orange Park. Fl.32073

Kam Lee
Signature/Incorporator

9-10-1997
Date

(An additional article must be added if an effective date is requested.)

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.

Kam Lee
Signature/Registered Agent

9-10-1997
Date