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:O: DIVISION OF CORPORATIONS FAX #: (850)922-4001 ROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255 CONTACT: RAY STORMONT PHONE: (305)541-3694 FAX #: (305)541-3770 IAME: ULTIMATE PRODUCTS OF FLORDA, INC. CERT. OF STATUS...O PAGES..... 4 CERT. COPIES.....1 DEL.METHOD... FAX ß EST.CHARGE., \$122.50 NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT * ENTER 'M' FOR MENU. ** 2 . NIER SELECTION AND CRASS M lelp F1 Option Menne 82

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 4, 1997

EMPIRE

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SUBJECT: ULTIMATE PRODUCTS OF FLORIDA, INC. REF: W97000025038

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

NAME CONFLICT IS ULTIMATE PRODUCTS, INC. FILED ON 11/19/87.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H97000018305 Letter Number: 397A00053358

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ARTICLES OF INCORPORATION

OF

Ultimate Health Products of Florida, Inc.

The undersigned incorporator, for the purpose of forming Corporation under Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Ultimate Health Products of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 407 Lincoln Road, Suite 6-L, Miami Beach, FL 33139.

ARTICLE III PURPOSE

The purpose of this corporation shall be: The wholesale and retail sale of consumer health products and related activities, and any other lawful activity the board of directors may from time to time decide to pursue.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000 shares having a par value of \$1.00.

ARTICLE V INTIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Stephen H. Sheriff, Esq. Stephen H. Sheriff, P.A. 407 Lincoln Road, Suite 6-L Miami Beach, FL 33139

Stephen H. Sheriff Fla. Bar 973830 Stephen H. Sheriff, P.A. 407 Lincoln Road, Suite 6-L Miami Beach, FL 33139 Telephone (305) 531-0062

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ARTICLE VI BOARD OF DIRECTORS

The names and addresses of the initial board of directors shall be:

John M. Kouri 910 NE 178th Street N. Miami Beach, FL 33162

Stephen H. Sheriff 407 Lincoln Road, Suite 6-L Miami Beach, FL 33139

ARTICLE VII OFFICERS

The names, titles, and addresses of the officers of this corporation shall be:

John M. Kouri / President 910 NE 178th Street N. Miami Beach, FL 33162

Linda Alotta / Secretary 910 NE 178th Street N. Miami Beach, FL 33162

ARTICLE VIII INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation shall be: Stephen H. Sheriff Stephen H. Sheriff, P.A. 407 Lincoln Road, Suite 6-L Miami Beach, FL 33139

The undersigned has executed these Articles of Incorporation this 5^{10} day of <u>November</u>, 1997.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, 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.

REGISTERED AGENT

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