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

700002361<u>69</u>7

Betty Hudson's Diabetic Counseling & Weight Loss Center, Inc. **SUBJECT:** (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

\$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

$FROM \cdot$	Betty Hudson	_
I ICOIVI.	Name (Printed or typed)	
	1515 E. Silver Springs Blvd. Suite 123	. :
	Address	Ī
	Ocala, Fla. 34470	_ సై
	City, State & Zip	- [-
	(352) 401-0441	FLORIDA
	Daytime Telephone number	ĐΑ

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.

NAME ARTICLE I

The name of the corporation shall be:

Diabetic Counseling & Weight Loss Center, Inc. Betty Hudson's

PRINCIPAL OFFICE ARTICLE II

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

1515 E. Silver Springs Blvd. Suite 123 Ocala, Florida 34470

ARTICLE III SHARES

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are: Betty Hudson 4710 N.E. 8th Street

34470 Ocala, Fla.

INCORPORATOR

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

Betty Hudson 4710 N.E. 8th Street 34470 Ocala, FEA.

Signature/Incorporator

(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

Signature/Registered Agent