Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 **SUBJECT**: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **370.00** \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing fee , Filing fee, & Certificate & Certified Copy Certified Copy. & Certificate Additional Copy Required FROM: Name (printed or typed) Address-City, State & Zip **Daytime Telephone Number** Note: Please provide the original and one copy of the articles.

P. Hall WAR 1 6 1998

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.

6.1 .1	ARTICLE I: NAME	FULED
The name of the corporation	shall be: Science of	- Hea Ish MAR IN TOUSS
		SECRETÁRY DE STA
	RTICLE II: PRINCIPAL OFFI	SECRETÁRY OF STAT TALLAHÁSSEE, FLORI
	ss and mailing address of thi	-
5151	Godfney RD	
TomPANO	1 4/ 33	3067
,	•	
	ARTICLE III: SHARES	
		norized to have outstanding at any
one time is:	1000	
The name and address of the	411 6 Tx	STREET ADDRESS
	God Frieg Ro	22017
- FompANO	7/	53067
A	RTICLE V: INCORPORATOR(S)
See instructions for officers/o	·	•
The name(s) and street addre	esses of the incorporator(s) to	these Articles of Incorporation is
(are):		<u> </u>
KANDA	11 0	4065
5/5/	Godfney RI	33867
- // 1		

The undersigned incorporator(s) has(have)	
(An additional article must be added if an ef	fective date is requested.)
· Del Marcha	
Signature	
Signature	
Signature	

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Filing Fee \$70.00

Notarization is not required.

Certificate of Designation of Registered Agent/Registered Office

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Science Di	L Health & Fitness Inc
2. The name and address of the registered agent and office i Havalol L. Vac (Name) (P.O. Box or Mail Drop Box NOT Accompany) (City/State/Zip)	98 MR 13

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)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314