TRANSMITTAL LETTER

P98000025084

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

400002460744---5 -03/18/98--01061--006 -****131.25 ****131.25

SUBJECT: META	-HEALTH WEIGHT MAN (Proposed	AGEMENT INC. corporate name - must include	e suffix)
Enclosed is an original	and one(1) copy of the artic	cles of incorporation and a	ı 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: !	Maureen J. Malley Name(Printed or typed)	
	67 S.E. Beech Tr	<u>ee Lane</u> Address	
	Stuart FL 34994 Cit	y, State & Zip	aLLAIR33CL

(561) 781-1410

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

Daytime Telephone number

JN 3-19-98

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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:

META-HEALTH WEIGHT MANAGEMENT INC.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 929 S.E. CENTRAL PARKWAY STUART FL 34994

SHARES ARTICLE III

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

ONE HUNDRED SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Maureen J. Malley 67 Beech Tree Ln Stuart FL 34994

INCORPORATOR ARTICLE V

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

Maureen J. Malley 67 S.E. Beech Tree Ln Stuart FL 34994

(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

Date