TRANSMITTAL LETTER

P98000048043

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

SUBJECT: _Optimum Health 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	$78.75	$122.50	$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: _James Reiter_
Name (Printed or typed)

P.O. Box 740216
Address

Boynton Beach, Fl 33474
City, State & Zip

_561-432-3678_
Daytime Telephone number

FILED
98 MAY 26 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

FILED
98 MAY 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I   NAME
The name of the corporation shall be: Optimum Heath, Inc

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: P.O. Box 740216
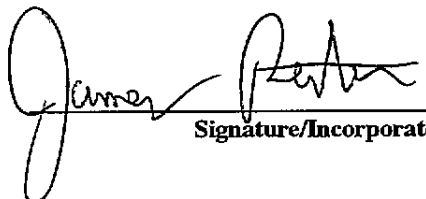Boynton Beach, Fl 33474

ARTICLE III   SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: James Reiter
7458 Kingsley CT.
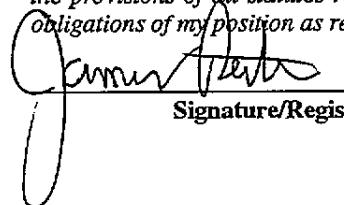Lake Worth, Fl 33467

ARTICLE V   INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are: James Reiter
7458 Kingsley CT.
Lake Worth, Fl 33467

_____   5-22-98
Signature/Incorporator   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

_____   5-22-98
Signature/Registered Agent   Date