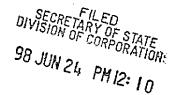
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

BJECT:	Suncoast Health Maga (Proposed co	zine, Inc. prporate name - must include	e suffix)
osed is an origina	l and one(1) copy of the article	es of incorporation and a	a check for :
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM:	Ray S. Carter Name (Pi	ADDITIONAL CO	DPY REQUIRED
	1417-3 Del Pr	ado Blvd. Suite Address	467
	Cape Coral, F City, 941-574-2764	State & Zip	300002571078- -06/24/98010600 ******70.00 ******70

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:

Suncoast Health Magazine, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1417-3 Del Prado Blvd. Suite 467 Cape Coral, Fl. 33990

ARTICLE III SHARES

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

200

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Ray S. Carter Cape Coral, F1. 33990 1417-3 Del Prado Blvd. Suite 467

INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Ray S. Carter 1417-3 Del Prado Suite 467 Cape Coral, Fl. 33990

Signature/Incorporator

June 22, 1998

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

Signature/Registered Agent