064140

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

Osceola Health & Fitness
(Proposed corporate name - must include suffix)

50000025930<u>2</u>5 -07/20/98--01070

*****78.75 *****78.75

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 & Certified Copy \$131.25 Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

BASSAM H. MNAYARJI

407 WekiNA Spgs Rd. Suite 369 P.O. 130x 91665 Stadiess

Longwood FL 32791-6655
City, State & Zip

407-682-1555 Daytime Telephone number

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.

ARTICLE	I	NAME

The name of the corporation shall be:

OSCEOLA HEALTH & FITNESS, INC



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

4636 W. HWY 192 - KISSIMMEE

P.O. BOX 916655

LONGWOOD, FL 32791-6655

SHARES ARTICLE III

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

500,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BASSAM H. MNAYARJI 407 WEKIVA SPRING'S Rd, Suite 369

P.O. BOY 916655 - LONGWOOD, FL 32791-6655

INCORPORATOR

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

BASSAM H. MNAYARJI

407 Welkiva Springs Rd, Suite 369 P.O. BOX 916655 - LONGWOOD, FL 32791-6655

(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