

P98000065000

TRANSMITTAL LETTER

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

800002595728--5  
-07/22/98--01079--006  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: Institute The World of Natural Health Corp.  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LUIS BONDY  
Name (Printed or typed)

10365 W. Sample Rd  
Address

CORAL SPRINGS, FL 33065  
City, State & Zip

(954) 755-0846  
Daytime Telephone number

FILED  
98 JUL 22 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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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.

### ARTICLE I NAME

The name of the corporation shall be:

Institute The World of Natural Health

### ARTICLE II PRINCIPAL OFFICE

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

10365 W. Sample Rd  
Coral Springs, FL 33065

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lois Bondy  
10365 W. Sample Rd  
Coral Springs, FL 33065

### ARTICLE V INCORPORATOR

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

Lois Bondy  
10365 W. Sample Rd  
Coral Springs, FL 33065

  
Signature/Incorporator

07/13/98  
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

07/13/98  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA