

P 98 0000 71991

TRANSMITTAL LETTER

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

FILED
98 AUG 14 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: BETTER HEALTH MANAGEMENT INC.
(Proposed corporate name - must include suffix)

800002616668--8
-08/14/98-01073-018
****122.50 ****122.50

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:

FELIX SLEPITSKY

Name (printed or typed)

9195 COLLINS AVENUE, SUITE 30

Address

SURFSIDE, FL 33154

City, State & Zip

(805) 868-3989

Daytime Telephone number

F. CHESSEY AUG 18 1998

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BETTER HEALTH MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

1899 NE 164 ST, SUITE 100
NORTH MIAMI BEACH, FL 33162

ARTICLE III SHARES

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

100 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FELIX SLEPITSKY
9195 COLLINS AVENUE, SUITE 3D
SURFSIDE, FL 33154

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FELIX SLEPITSKY
9195 COLLINS AVENUE, SUITE 30
SURFSIDE, FL. 33154

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of August, 19 98.

(An additional article must be added if an effective date is requested.)

Felix Slepitsky
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BETTER HEALTH MANAGEMENT INC.

2. The name and address of the registered agent and office is:

FELIX SLEPITSKY
(NAME)

9195 COLLINS AVENUE, SUITE 30
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

SURFSIDE, FL 33154
(CITY/STATE/ZIP)

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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.

Felix Slepitsky
(SIGNATURE)

August 5, 1998
(DATE)