

P980000 72655

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN HEALTH PRODUCTS, ~~CORP.~~ Inc.  
(Proposed corporate name - must include suffix)

300002605593--6  
-08/03/98--01097--003  
\*\*\*\*\*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

FROM:

BILL HOURANEY

Name (printed or typed)

145 N.W. 20th St

Address

BOCA RATON, FLA 33431

City, State & Zip

561-750-1903

Daytime Telephone number

98 AUG 19 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

B. BROCK AUG 20 1998

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

W98-18047



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 10, 1998

BILL HOURANEY  
145 NW 20TH ST.  
BOCA RATON, FL 33431

SUBJECT: AMERICAN HEALTH PRODUCTS, INC.  
Ref. Number: W98000018047

We have received your document for AMERICAN HEALTH PRODUCTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Barbara Brock  
Document Specialist

Letter Number: 398A00041471

## 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:

AMERICAN HEALTH PRODUCTS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

145 N.W. 20th St.  
Boca Raton, FLA 33431

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### ARTICLE III SHARES

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

100 - No Par.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bill Houraney  
145 N.W. 20th St.  
Boca Raton, FLA 33431

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

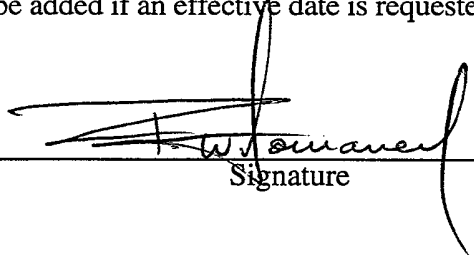
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

F. WILLIAM HOURANEY  
145 N.W. 20th St.  
Boca Raton, FLA 33431

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

30<sup>th</sup> day of June, 19 98.

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

  
\_\_\_\_\_  
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:

AMERICAN HEALTH PRODUCTS, INC.

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

BILL HOURANEY  
(NAME)

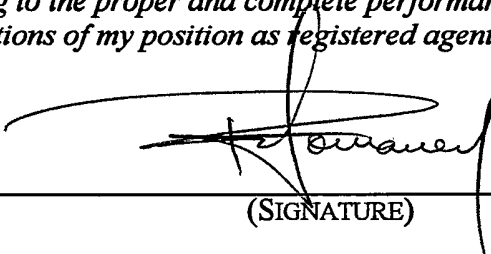
145 N.W. 20<sup>th</sup> ST  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BOCA RATON, FLA 33431  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*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)

8/17/98  
(DATE)