

P98000079120

TRANSMITTAL LETTER

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

SUBJECT: LIFE PLAN WEIGHT LOSS CLINIC, INC  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70<sup>00</sup>.

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-09/08/98--01088--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM:

William B. Shaw, Jr  
Name  
18395 GULF BLVD #202  
Address  
INDIAN SHORES, FL 33785  
City, State, & Zip  
(727) 596-9904  
Telephone Number

Bill GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT 9/14/98  
DATE 9/14/98  
DOC. EXAM TA

FILED  
98 SEP -8 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

TA - 9/14/98

**ARTICLES OF INCORPORATION**

**OF**

*LIFE PLAN WEIGHT LOSS CLINIC, INC.*

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:

*LIFE PLAN WEIGHT LOSS CLINIC, INC.*

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**ARTICLE II PRINCIPAL OFFICE**

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

*P.O. Box 851  
OLDSMAR, FL 34677*

**ARTICLE III CAPITAL STOCK**

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

*1,000 (ONE THOUSAND)*

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*William B. SHAW, JR  
18395 GULF BLVD #202  
INDIAN SHORES, FL 33785*

**ARTICLE V INCORPORATOR(S)**

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

William B. Shaw, Jr. (Vice-Pres.)  
18395 Gulf Blvd, # 202  
Indian Shores, FL 33785

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

3<sup>RD</sup> day of SEPTEMBER, 19 98.

WB Shaw Jr V-PRES  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
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: LIFE PLAN WEIGHT LOSS CLINIC, INC.

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

William B. Shaw, Jr  
(NAME)

18395 GULF BLVD #202  
(P.O. BOX NOT ACCEPTABLE)

INDIAN SHORES, FL 33785  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE

William B Shaw Jr  
(corporate officer)

TITLE

V-PRES

DATE

9/3/98

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

William B Shaw Jr

DATE

9/3/98