TRANSMITTAL LETTER

P98000081190

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

SUBJECT:	Preventions, Inc	ate name - must include suffix)		
	(Proposed corpor	ate name - must metade surmy		
		700002641 -09/16/98 ****131.25		
Enclosed is an original	and one(1) copy of the article	es of incorporation and a check for:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	☐\$122.50 X☐ \$131.25 Filing Fee, & Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED		
FROM: Bonnie P. Salazar Name (Printed or typed) 6607 Heatherton Court Address				
			Tampa, Florida	33617
			City, State & Zip	

(813) 989–0269 Daytime Telephone number SEURETARY OF STATE
STORE OF CORPORATIONS
OF CO

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:

Preventions. Inc.

ARTICLE II PRINCIPAL OFFICE

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

6607 Heatherton Court Tampa, Florida 33617

ARTICLE III SHARES

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

One thousand (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bonnie P. Salazar 6607 Heatherton Court Tampa, Florida 33617

ARTICLE V INCORPORATOR

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

Bonnie P. Salazar 6607 Heatherton Court Tampa, Florida 33617

> 9/14/98 Date

Signature/Incorporator

(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

Date