



THE UNITED STATES  
CORPORATION  
COMPANY

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98 OCT 20 PM 1:52

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 002439 119240A

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : October 20, 1998

ORDER TIME : 1:05 PM

ORDER NO. : 002439-005

CUSTOMER NO: 119240A

300002668329--3

CUSTOMER: Mr. Robert Strogis  
FAUSEL AND STROGIS, INC.  
FAUSEL AND STROGIS, INC.  
Suite 208  
251 Maitland Avenue  
Altamonte Spgs, FL 32701

DOMESTIC FILING

NAME: WELLNESS SOLUTIONS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 20 AM 9:44

10/23/98  
23838

WS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 20 AM 9:44

October 20, 1998

CSC NETWORKS

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: WELLNESS SOLUTIONS, INC.  
Ref. Number: W98000023838

We have received your document for WELLNESS SOLUTIONS, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6995.

Wanda Sampson  
Document Specialist

Letter Number: 398A00051851

RECEIVED  
98 OCT 22 PM 2:51  
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 20 AM 9:44

HEALTH & WELLNESS SOLUTIONS, INC.

ARTICLE I NAME

The name of the corporation shall be:

HEALTH & WELLNESS SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1736 FIFESHIRE COURT

LONGWOOD, FL 32779

ARTICLE III CAPITAL STOCK

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

100 SHARES

1. PAR VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PRIYA P. KIRTANE

1736 FIFESHIRE CT.

LONGWOOD, FL 32779

ARTICLE V INCORPORATOR

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

PRIYA P. KIRTANE

1736 FIFESHIRE CT.

LONGWOOD, FL 32779

The undersigned has executed these Articles of Incorporation  
this 17 day of OCTOBER 1998.

*PPKirtane*

, Incorporator

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 20 AM 9:44

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:

HEALTH & WELLNESS SOLUTIONS, INC.

2. The name and address of the registered agent and

office is:

PRIYA P. KIRTANE

1736 FIFESHIRE CT

LONGWOOD, FL 32779

Signature: P. P. Kirtane

Title: INCORPORATOR, PRESIDENT,

Date: 10-17-1998

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: P. P. Kirtane

Date: 10-17-98