

DEC 23 55 01/11/99

P99000003246

TRANSMITTAL LETTER

FILED

99 JAN 11 PM 1:28

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002736191--3
-01/11/99--01052--017
*****78.75 *****78.75

SUBJECT: TRADITIONAL Medicine INSTITUTE, INC
(Proposed corporate name - must include suffix)

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

☒ ^{78.75}
~~\$131.25~~
Filing Fee
& Certified Copy.

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JIM ROBINSON
Name (Printed or typed)

10 FAIRWAY DRIVE Suite 123
Address

Deerfield Beach, FL 33441
City, State & Zip

954-421-0044
Daytime Telephone number

p. Hall JAN 12 1999 (2)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TRADITIONAL MEDICINE INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10 FAIRWAY DRIVE, Suite #123
Deerfield Bch, FL 33441

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JIM ROBINSON
10 FAIRWAY DR Suite #123
Deerfield Bch, FL 33441

ARTICLE V INCORPORATOR

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

JIM ROBINSON
10 FAIRWAY DRIVE Suite #123
Deerfield Bch, FL 33441

Signature/Incorporator

Date

(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