

## TRANSMITTAL LETTER

P99000005459

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

SUBJECT:

*Nu Era Health Inc.* (Health)  
 (Proposed corporate name - must include suffix)

100002741291--4  
 -01/14/99-01042--005  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

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 of Status

☐ \$78.75  
 Filing Fee  
 & Certified Copy

☐ \$87.50  
 Filing Fee,  
 Certified Copy  
 & Certificate of  
 Status

ADDITIONAL COPY REQUIRED

FROM:

*William A. Moats*  
 Name (Printed or typed)

*515 Semoran Blvd*  
 Address

*Casselberry, Fla.*  
 City, State & Zip

*407-831-4077*  
 Daytime Telephone number

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

99 JAN 14 AM 9:48

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

RECEIVED JAN 20 1999

# 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:

Nu Era Health Inc.  
(Health)

## ARTICLE II PRINCIPAL OFFICE

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

515 Semoran Blvd  
Casselberry, Fla 32707

## ARTICLE III SHARES

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

10,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

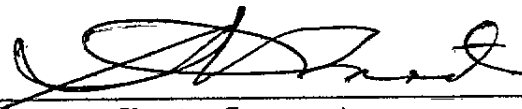
The name and Florida street address of the initial registered agent are:

William A. Moats  
515 Semoran Blvd  
Casselberry, Fla 32707

## ARTICLE V INCORPORATOR

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

SAA



Signature/Incorporator

1/5/99

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

1/5/99

Date

99 JAN 14 AM 9:49

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DIVISION OF CORPORATIONS