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Requester's Name

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-02/08/99-01110-016  
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25104

Cit: PHILLIP GLICKMAN CPA  
605 IVES DAIRY RD # 6103  
MIAMI FL 33179-5490

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
99 FEB - 8 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

CB  
2-10-99 no copy  
4

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

*PRODUCTS OF SELF HEALTH INTERNATIONAL,  
INC.*

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

*PRODUCTS OF SELF HEALTH INTERNATIONAL,  
INC.*

The principal place of business of this corporation shall be:

*9554 BAY HARBOR TERRACE  
MIAMI, FLORIDA 33154*

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TALLAHASSEE, FLORIDA

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: *1,000 SHARES, NO PAR VALUE*

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

*ELLEN M. FOX  
9500 W. BAY HARBOR DRIVE APT 2-A  
BAY HARBOR ISLANDS, FL 33154-2014*

**ARTICLES VI INCORPORATOR(S)**

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

ELLEN M. FOX  
9500 W. BAY HARBOR DRIVE APT 2-A  
BAY HARBOR ISLANDS, FL 33154-2014

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this ✓ day of FEBRUARY, 19 99.

Signature(s) of Incorporator(s)

Ellen M. Fox  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this ✓ day of FEBRUARY, 19 99, by ELLEN M. FOX  
(Name of Incorporator)  
of PRODUCTS OF SELF HEALTH INTERNATIONAL, INC.  
(Name of Corporation)



Linda G. Burrowes  
\_\_\_\_\_  
Notary Public

(SEAL)

My Commission Expires: May 7, 1999

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: PRODUCTS OF SELF HEALTH  
INTERNATIONAL, INC.

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

PHILLIP L. GLICICMAN CPA  
605 IVES DAIRY ROAD 6103  
(P. O. BOX NOT ACCEPTABLE)  
NORTH MIAMI BEACH, FLORIDA 33179  
(CITY/STATE/ZIP)

SIGNATURE Ellen M. Foy  
(Corporate Officer)

TITLE PRESIDENT

DATE 2-2-99

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Phillip L. Glicicman CPA  
(Registered Agent)

DATE 2-2-99