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447 E. Virginia Street, Suite 1 • Tallahussee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 16, 1999

CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301

SUBJECT: PRACTICALORIES Ref. Number: W99000003890

We have received your document for PRACTICALORIES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6929.

Randall Purintun Document Specialist

Letter Number: 199A00006892

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes 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:

Practicalories, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5415 Lake Howell Road, #246 Winter Park, FL 32792

ARTICLE III SHARES

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

100 Shares Having No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Susan Mitchell, Ph.D., R.D. 5415 Lake Howell Road, #246 Winter Park, FL 32792

ARTICLE V INCORPORATOR

Susan Mitchell, Ph.D., R.D. 5415 Lake Howell Road, #246 Winter Park, FL 32792 99 FEB 16 PM 4: 02

| | | <u>TAL BOARD OF DIREC</u> | | <u>-</u> . |
|---|--|--|--|-----------------------------------|
| | The name and address of th | initial Board of Directors | of the Directors is: | <u>=</u> |
| | Susan Mitchell, Ph | .D., R.D. | | |
| | 5415 Lake Howell | Road, #246 | | _ |
| | Winter Park, FL 3 | | | _ |
| | ARTICLE VII SPECI | | ROFESSIONAL CORPORATIO | <u>N</u> |
| | Specialization. The | pects of the practice of nut e Corporations shall render ed officers, agents and emp | r professional services only through | <u> </u> |
| < | Signature/Incorp | ell | 2 8 99 Date | · · · · |
| | at the place designated in the act in this capacity. I furth | is certificate, I hereby acce or agree to comply with the | services of process for the above sta ept the appointment as registered ag provisions and all statutes relating iliar with and accept the obligations | ent and agree to to the proper |
| < | Signature/Incorp | <u></u> | 2/8/99 Date | |

Signature/Incorporator