# P990000a9158

TRANSMITTAL LETTER

\$600002817805--6 -03/25/99--01025--019 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

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

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00

FROM:

SALUD OF SOUTH FLORIDA, INC. JEFFERY ZUCKERMAN 14206 CARLSON CIRCLE TAMPA, FL. 33626

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

99 MAR 25 PM 3: 02
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF SALUD OF SOUTH FLORIDA, INC. The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: SALUD OF SOUTH FLORIDA, INC. = ARTICLE II PRINCIPAL OFFICE The Principal place of business and mailing address of this corporation shall be: 14206 CARLSON CIRCLE TAMPA, FL. 33626 ARTICLE III PURPOSE OF CORPORATION The purpose of this corporation is to engage in retail sales of health and other related products. ARTICLE IV SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shares ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

JEFFERY ZUCKERMAN 14206 CARLSON CIRCLE TAMPA, FL. 33626

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### ARTICLE VI INCORPORATOR(S)

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

JEFFER Y ZUCKERMAN 14206 CARLSON CIRCLE TAMPA, FL. 33626

The undersigned incorporator has executed these Articles of Incorporation this 1st day of MARCH, 1999

Filing Fee - \$35

Article of Incorporation

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#### CERTIFICATE OF DESIGNATION OF

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the undersigned corporation, organized under the laws of the state of Florida, submits the following statements in designating the registered office/registered agent, in the state of Florida

1. The name of the corporation is:

#### SALUD OF SOUTH FLORIDA, INC.

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

JEFFERY ZUCKERMAN 14206 CARLSON CIRCLE TAMPA, FL. 33626

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.

SIGNATURA

DATE

3-17-99

REGISTERED AGENT FILING FEE \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

FILED

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SLICRETARY OF STATE FI ORIDA