TRANSMITTAL LETTER

P99000043095

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

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SUBJECT:	Salubrium, I	'nc		,
SUDJECT:		rate name - must include su	ıffix)	
		5	00002868 -05/07/99(****122.50	:3758 01145011 *****78.75
Enclosed is an original a	nd one(1) copy of the article	s of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	·
		ADDITIONAL CO	PY REQUIRED	
FROM:	Francine M. Prenatt			
	Name (Pr	inted or typed)		
	166 Holland Rd.			
	Address			
	Ormond By The Sea, FL 32176			-
	City, State & Zip			
	904 441-5200			
	Daytime Telephone number			

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.

ARTICLE I NAME

The name of the corporation shall be:

Salubrium, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1300 Ocean Shore Blvd. Ormond By The Sea, FL 32176

ARTICLE III SHARES

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

Six Hundred (600)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Basil J. Paladina 21 Concord Dr. Ormond By The Sea, Fl 32176

ARTICLE V INCORPORATOR

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

Francine M. Prenatt 166 Holland Rd. Ormond By The Sea, FL 32176

Signature/Incorporator

5-5-99

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

Date