

99000047746

CAPITAL CONNECTION, INC.

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

Omni Health Center, Inc

300002882963-5
-05/21/99--01066--022
*****78.75 *****78.75

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

RECEIVED
99 MAY 21 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1999 MAY 26 AM 11:20
FILED

Signature

Requested by: AS 5/21 1:01
Name Date Time

Walk-In _____ Will Pick Up _____

Courier: B. Perin MAY 21 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 24, 1999

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

SUBJECT: OPTIMUM HEALTH CENTER, INC.
Ref. Number: W99000011968

We have received your document for OPTIMUM HEALTH CENTER, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 999A00028556

corrected

RECEIVED
99 MAY 26 AM 11:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 MAY 26 AM 11:20

FILED

ARTICLE I NAME

The name of the corporation shall be:

OMNI HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

5518 West Flagler Street
Miami, Florida

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jose Alejo
5518 West Flagler Street
Miami, Florida

ARTICLE V INCORPORATOR

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

Rosalia Alejo
5518 West Flagler Street
Miami, Florida

Rosalia Alejo
Signature/Incorporator
Rosalia Alejo

5-18-99
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 certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent

Jose Alejo
Signature/Registered Agent
Jose Alejo

5-18-99
Date