P99000048896

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 26 PM 3:01

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

SUBJECT: PROACTIVE HEALTH, INC.
(Proposed corporate name - must include suffix)

400002887104--0
-05/26/99--01058--015
*****78.75 *****78.75

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

☐ $70.00 Filing Fee	☑ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Kelly M. Spivey
Name (Printed or typed)

2101 Oak Hill Drive
Address

Valrico FL 33594
City, State & Zip

813.494.5273
Daytime Telephone number

SHARON MAY 28 1999

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.

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ARTICLE I NAME
The name of the corporation shall be:

ProActive Health, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

2101 Oak Hill Drive
Valrico, FL 33594

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:

Kelly Spivey
2101 Oak Hill Dr. Valrico, FL 33594

ARTICLE V INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:

Kelly M. Spivey
2101 Oak Hill Dr
Valrico, FL 33594

Kelly M Spivey
Signature/Incorporator

5-22-99
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

Kelly M Spivey
Signature/Registered Agent

5-22-99
Date