

TRANSMITTAL LETTER

P99000057867

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

300002906529--0
-06/16/99--01053--019
*****78.75 *****78.75

SUBJECT: TRADITIONAL & NATURAL MEDICINE CENTER, INC.
(Proposed corporate name - must include suffix)

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: _____
Name (Printed or typed)

FEDERICO GOMEZ
4670 10TH PL.
APARTMENT A-206
PLANTATION, FL 33313

PHONE NUMBER: (954)584-0756

Daytime Telephone number

FILED
99 JUN 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5
BROWN JUN 25 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 17, 1999

FREDERICO GOMEZ
4670 10TH PL.
APARTMENT A-206
PLANTATION, FL 33313

SUBJECT: THE ALTERNATIVE MEDICINE CENTER, INC.
Ref. Number: W99000014154

We have received your document for THE ALTERNATIVE MEDICINE CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 699A00032550

ARTICLES OF INCORPORATION

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:

TRADITIONAL & NATURAL MEDICINE CENTER, INC

ARTICLE II PRINCIPAL OFFICE

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

4670 NW 10TH PLACE # A206
PLANTATION, FL 33313

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FEDERICO GOMEZ
4670 NW 10TH PLACE # A206
PLANTATION, FL 33313

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TALLAHASSEE, FLORIDA

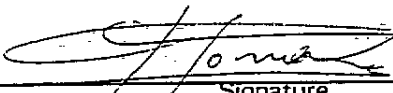
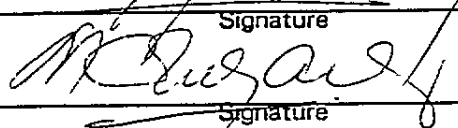
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FEDERICO GOMEZ	4670 NW 10TH PLACE A206 PLANTATION, FL 33313
MARIA A GOMEZ	4670 NW 10TH PLACE # A206 PLANTATION, FL 33313

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ 27th _____ day of _____ MAY _____, 19⁹⁹ .

	_____
Signature	_____
	_____
Signature	_____
_____	_____
Signature	_____

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is TRADITIONAL & NATURAL MEDICINE CENTER, INC

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

FEDERICO GOMEZ

(Name)

4670 NW 10TH PLACE #A206


(P.O. Box not acceptable)

PLANTATION, FL 33313

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)

05/27/99
(Date)