

PP9000066152

TRANSMITTAL LETTER

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

400002334444--3  
-07/19/99-01044-006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Wholesale HEALTH, 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: MEL Smith  
Name (Printed or typed)  
4124 LEONA ST.  
Address  
Tampa, FL. 33629  
City, State & Zip  
813- 839- 5876  
Daytime Telephone number

FILED  
99 JUL 19 PM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T BROWN JUL 26 1999

## 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.

FILED  
99 JUL 19 PM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: Wholesale Health, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

4124 LEONA ST  
TAMPA, FL. 33629

### 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:

MEL SMITH  
4124 LEONA ST  
TAMPA, FL. 33629

### ARTICLE V INCORPORATOR

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

MEL SMITH  
4124 LEONA ST.  
TAMPA, FL. 33629

MEL SMITH

Signature/Incorporator

MEL SMITH

7-15-99

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

MEL SMITH

Signature/Registered Agent

MEL SMITH

7-15-99

Date