

TRANSMITTAL LETTER  
**P99000071470**

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

000002951020--3  
-08/05/99--01029--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** THE HEALTH FOOD EMPORIUM 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

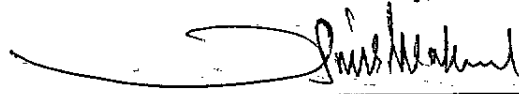
☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** AAMIR WAHEED  
Name (Printed or typed)

314 ALEXANDRA WOODS DR  
Address

DEBARY, FL 32713  
City, State & Zip

 407-810-7660  
Daytime Telephone number

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

8-11  
WS

# ARTICLES OF INCORPORATION OF

**THE HEALTH FOOD EMPORIUM INC.**  
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE 1- CORPORATE NAME

The name of the corporation is:

**THE HEALTH FOOD EMPORIUM, INC.**

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITOL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and , if different , the mailing address is:

**STREET ADDRESS:** 1210 INTERNATIONAL PARKWAY SOUTH, SUITE 162

**CITY:** LAKE MARY, **STATE:** FLORIDA **ZIP:** 32764

**MAILING ADDRESS:** 314 ALEXANDRA WOODS DR.

**CITY:** DEBARY, **STATE:** FLORIDA **ZIP:** 32713

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

**NAME:** AAMIR WAHEED

**ADDRESS:** 314 ALEXANDRA WOODS DR.

**CITY:** DEBARY, **STATE:** FLORIDA **ZIP :** 32713

FILED  
99 AUG -5 PM 14:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## ARTICLE VII - INITIAL BOARD OF DIRECTOR

This corporation shall have three ( 3 ) directors initially. The number of directors may be either increased or diminished from time to time by the By- Laws , but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

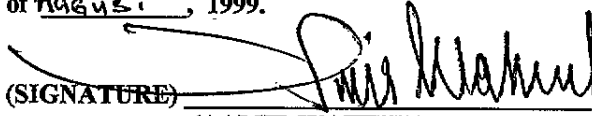
NAME: AAMIR WAHEED  
ADDRESS: 314 ALEXANDRA WOODS DR.  
CITY: DEBARY  
STATE: FLORIDA  
ZIP: 32713  
NAME: LUBNA WAHEED  
ADDRESS: 418 EAST MCPHERSON ST  
CITY: NASHVILLE  
STATE: GEORGIA  
ZIP: 31369  
NAME: CHERI S. BLACK  
ADDRESS: 314 ALEXANDRA WOODS DR.  
CITY: DEBARY  
STATE: FLORIDA  
ZIP: 32713

## ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: AAMIR WAHEED  
ADDRESS: 314 ALEXANDRA WOODS DR.  
CITY: DEBARY  
STATE: FLORIDA  
ZIP: 32713  
NAME:  
ADDRESS:  
CITY:  
STATE:  
ZIP:  
NAME:  
ADDRESS:  
CITY:  
STATE:  
ZIP:

The undersigned incorporator(s) have executed these Articles of Incorporation this 2<sup>nd</sup> day of AUGUST, 1999.

(SIGNATURE)   
(AAMIR WAHEED)

(SIGNATURE) N/A

(SIGNATURE) N/A

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

**THE HEALTH FOOD EMPORIUM INC.**  
**(name of corporation)**

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99 AUG -5 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48. 091 and 607. 0501, the following is submitted:


The above corporation , organized under the laws of the State of Florida with its registered

office as indicated in the Articles of Incorporation at 314 Alexandra Woods Drive Debary, Florida 32713

has named AAMIR WAHEED located at the aforesaid address , as its registered agent to accept service of process within this state.

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.

Executed by the undersigned on this 2nd day of August, 1999

(Signature)   
**AAMIR WAHEED (PRESIDENT)**  
W300-000-66-215-0

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

BEFORE ME, the undersigned authority, on this 2 day of Aug 1999, personally appeared , AAMIR WAHEED, to me well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed , and who is personally known to me or who has produced FL Drivers License as identification.

WITNESS my hand and official seal the date aforesaid.

  
**NOTARY PUBLIC**

