

P99000071473

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

200002951022--7
-08/05/99-01029-011
*****87.50 / *****87.50

SUBJECT: Allhealthnet.Com, Corp.
(Proposed corporate name - must include suffix)

FILED
99 AUG -5 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: Steven Chabotte / Big-Web
Name (Printed or typed)

2574 N University Drive #206
Address

Sunrise, FL 33322
City, State & Zip

954-745-4648
Daytime Telephone number

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

8-11
115

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.

ARTICLE I NAME

The name of the corporation shall be:

Allhealthnet.com, Corp.

ARTICLE II PRINCIPAL OFFICE

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

2574 N. University #206
Sunrise, FL 33322

ARTICLE III SHARES

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

16,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Steven Chabotte / B.S.-web
2574 N. University #206
Sunrise, FL 33322

ARTICLE V INCORPORATOR

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

Steven Chabotte
4960 NW 72 Terrace
Lauderhill, FL 33322


Signature/Incorporator

8/2/99
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


Signature/Registered Agent

8/2/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32304