

TRANSMITTAL LETTER

P99000082008

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

400002983894--9  
-09/10/99-01052--022  
\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: HEALTH INSIDE OUT 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JOHN CHALEANT  
Name (Printed or typed)

27062 KINDLEWOOD LN  
Address

BONITA SPRINGS FL 34134  
City, State & Zip

941 498-5625  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 10 PM 3:20

FILED

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

9/16/99 T.B.

FILED

99 SEP 10 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

HEALTH INSIDE OUT INC.

### ARTICLE II PRINCIPAL OFFICE

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

27062 KINDLEWOOD LN  
BONITA SPRINGS FL 34134

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN M. CHALFANT  
27062 KINDLEWOOD LN  
BONITA SPRINGS FL 34134

### ARTICLE V INCORPORATOR

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

JOHN M. CHALFANT  
27062 KINDLEWOOD LN  
BONITA SPRINGS FL 34134

  
Signature/Incorporator

9-7-99  
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

9-7-99  
Date