## P99000083788

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

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BDOOD2989973--E -09/17/39--01074--016 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Tallahassee, FL 323	314		*****78.75	*****78.7
SUBJECT:	EALTH CON	TCH PLUS		2. —
Enclosed is an originum \$70.00 Filing Fee	nal and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	s of incorporation and a comparison of the second s	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	9621 OJUS TAMPA, PL	mied or typed)	BAN SECRETIS Y CORROL	99 SEP 17 PH 3: 01

AUTHORIZATION BY PHONE TO

WATE TO CB

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

ARTÍCL	ES OF	INCORP	ORATION

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 COACH PLUS ....

PRINCIPAL OFFICE ARTICLE II

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

OJUS DRIVE, TAMPA FL 33617

ARTICLE III SHARES

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

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INITIAL REGISTERED AGENT AND STREET ADDRESS

orida street address of the initial registered agent are: Trudy Markey Berman The name and Florida street address of the initial registered agent are: DRIVE, TAMPA FL 33617 9621 OJUS

ARTICLE V INCORPORATOR

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

TRUDY MARLEY BEERMAN 9621 OJUS DRIVE, TAMPA FL 33617

Signature/Incorporator

(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

9-10-1999 Signature/Registered Agent