PGOODS 7322

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

SUBJECT:	Health Yourself	Now, Inc.		
	(Proposed corpo	orate name - must include su	ffix)	·-
		8000029928 -09/21/9901 *****78.75	1079 - -003	- -
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Lauren D. Baltic, E. Name (Pr	squire inted or typed)		Su ^{ee} been
	2160 Greentree Road	l, Suite PW6 ddress	99 OC SECREI TALLAIL	
		5220 - State & Zip	VILV 0	

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

Daytime Telephone number

10/4/99



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 23, 1999

LAUREN D. BALTIC, ESQ. 2160 GREENTREE RD., STE. PW6 PITTSBURGH, PA 15220

SUBJECT: HEALTH YOURSELF, NOW, INC.

Ref. Number: W99000022005

We have received your document for HEALTH YOURSELF, NOW, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) IV,V AND SIGN THE REGISTERED AGENT'S ACCEPTANCE..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Letter Number: 399A00046655

Tracy Smith Document Specialist

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 Yourself, Now, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2445 South West 18th Terrace, Apt. 408, Fort Lauderdale, FL 33315-2228

ARTICLE III SHARES

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

Thousand

\$1,000.00 - 1.00 per value

ARTICLE IV	INITIAI. PEGISTEPEI	O AGENT AND STREET ADD	PESSO 10
	orida street address of the initial		CESS Fo
	Marc Okolowitz		
	2445 South West 18t	h Terrace Apt 408	ARY SSE
ARTICLE V	Fort Lauderdale, FL INCORPORATOR	33315-2228	
The name and a		se Articles of Incorporation are:	101 111:
	Lauren D. Baltic, Esquir 2160 Greentree Rd. Suite		
	Pittsburgh, PA 15220		
Am	1). 12	<u> </u>	99
Sign	uature/Incgrporator	I	Date

(An additional article must be added if an effective date is requested.)

/		
Having been named as registered agent and to accept serv	vice of process for the above stated c	corporation at the place designated in this
certificate, I hereby accept the appointment as registered	agent and agree to act in this cape	acity. I further agree to comply with the
provisions of all statutes relating to the proper and con	mplete performance of my duties,	and I am familiar with and accept the
obligations of my position as registered agent		,
A = A + A + A + A + A + A + A + A + A +		
	 -	7/23/96

Signature/Registered Agent

Date

...

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: __ Director: Address: ___ B. OFFICERS President: Mark Okolowicz- 208-52-0336 Address: 2445 South West 18th Terrace Apt. 408, Fort Lauerdale, Fl 33315-2228 Vice President: Brian Okolowicz- 208-52-0635 Address: 2445 South West 18th Terrace Apt. 408, Fort Lauerdale, FL 33315-2228 Secretary: Brian Okolowicz Address: 2445 South West 18th Terrace Apt. 408, Fort Lauerdale, FL 33315-2228 Treasurer: Brian Okolowicz Address: 2445 South West 18th Terrace, Apt. 408, Fort Lauderdale, FL 33315-2228 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)