# P99000094204

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 200003023982--4 -10/25/99--01104--007 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Better Birth Options, Inc. (Proposed corporate name - must include suffix)				
Enclosed is an original	and one(1) copy of the articles	of incorporation and a c	check for :	1
□ \$70.00 Filing Fee	\$78.75  Filing Fee  & Certificate	□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Kimberly Beth Sch Name (Pr	ell inted or typed)		
8769 Forest Hills Blvd. Address			SECRETAL ALLAHAS	00 OCT 25
-	Coral Springs, FL	33065 State & Zip	E C	PH 12: 38
	•	state & Zip	FLORIDA	ထ
(954) 344-4997  Daytime Telephone number				

### 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:

Better Birth Options, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

8769 Forest Hills Blvd. Coral Springs, FL 33065

### ARTICLE III SHARES

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

100 shares common stock \$1.00 par value per share

# <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

Kimberly Beth Schell 8769 Forest Hills Blvd.

ARTICLE V INCORPORATOR FL

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

Kimberly Beth Schell 8769 Forest Hills Blvd. Coral Springs, FL 33065

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

Signature/Registered Agent