TRANSMITTAL LETTER 99 NOV -8 AM 9: 47

SEURLTARY OF STATE TALLAHASSEE, FLORIDA

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

70003037327---1 -11/08/99--01013--001 ******78.75 ******78.75

SUBJECT: BENTLEY'S HEALTH & NUTRITIONAL SYSTEMS NO. 2, INC. (Proposed corporate name - must include suffix)

or:	\$70.00 iling Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filling Fee & Certified Copy	f incorporation and a che \$131.25 Filing Fee, Certified Copy & Certificate
	FROM:	BENTLEY J	. LOUVIERE a (printed or typed)	
	•	725 EGRET	LANDING PLACE Address	STE. 105
		ORLANDO,	ET. 32825 City, State & Zip	
		407-381-2	900 ne Telephone number	

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

PH IIIIOSS

ARTICLES OF INCORPORATION 99 NOV -8 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BENTLEY'S HEALTH & NUTRITIONAL SYSTEMS NO. 2, INC.

ARTICLE II PRINCIPAL OFFICE

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

SMOOTHIE KING 665 LONGWOOD-LAKE MARY RD. LAKE MARY, FLORIDA 32746

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

BENTLEY J. LOUVIERE 12140 COLLEGIATE WAY #100 ORLANDO, FLORIDA 32817

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BENTLEY J. LOUVIERE
725 EGRET LANDING PLACE #105
ORLANDO, FL. 32825

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: BEN	NTLEY'S HEALTH & NUTI	RITIONAL SYSTEMS	NO. 2,	INC.
			•		
	-				
2.	The name and address of the regist	SLCAL	70 NUN 65		
	BENTLEY J. LOUVIERE		- 82	F-12	
		(Name)			-
	12140 COLLEGIATE WAY	#100		ی م	
	(P.O. B		1.7		
	ORLANDO, FL. 32817				
	(C	ity/State/Zip)			

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.