P99400102360

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

100003049504--4 -11/19/99--01050--011 ******78,75 ******78.75

SUBJECT:	HEALTH GLOBE GROUP, INC.		
(Proposed corporate name - must include suffix)			

Enclosed is an	original and	lone(1) copy	of the articles of	f incorporation	and a check for:
				P	

\$70.00

2 \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	LEONARDO GOMEZ	
_	Name (Printed or typed)	2 2 2 2 2
	8561NW 7Th ct	عند نو د حم
	Address	
	PEMBROKE PINES FL. 330 City, State & Zip	24
	City, State & Zip	99 NOV SECRET
	954-447-9281	10000000000000000000000000000000000000
	Daytime Telephone number	SSEED SSEED
		D PM 12; 26 PM 12; 26 EF, FLORIF
		26

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



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	n

The name of the corporation shall be:

HEALTH GLOBE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

8561 NW 7th CT PEMBROKE PINES FL. 33024

ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 30,000 SHARES

ARTICLE IV INI	TIAL REGISTERED	AGENT AÑD	STREET ADDRESS

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

LEONARDO GOMEZ 8561 NW 7Th et PEMBROKE PINES FL. 33024

ARTICLE V INCORPORATOR

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

LEONARDO GOMEZ 8561NW THE CT PEMBROKE PINES FL. 33024

(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

11-17-99 Date