

P99000/08439
TRANSMITTAL LETTER

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

100003067481--5
-12/13/99--01064--012
*****78.75

SUBJECT: BEE HEALTHY INC.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 13 AM 7:38

FILED

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROMMEL GUAQUETA
Name (Printed or typed)

806 Verona St Suite 5
Address

Kissimmee FL 34741-5472
City, State & Zip

407-491-1000
Daytime Telephone number

F. O'NEILL DEC 15 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

BEE HEALTHY INC

ARTICLE II PRINCIPAL OFFICE

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

806 Verona St Suite 5
Kissimmee FL 34741-5472

ARTICLE III SHARES

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

one hundred shares (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rommel GUAQUETA
#30 1969 S. Kirkman RD Orlando FL 32811

ARTICLE V INCORPORATOR

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

Rommel GUAQUETA
#30 1969 S. Kirkman RD Orlando FL 32811

Rommel GUAQUETA
Signature/Incorporator

12/8/99
Date

(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

Rommel GUAQUETA
Signature/Registered Agent

12/8/99
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA