TRANSMITTAL LETTER

1000109087

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

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01.	-01	<u>- w</u>

-12/15/99--01057--009 *****78.75. *****78.75

NSHLTANTS INC. (Proposed corporate name - must include sullix) SUBJECT: WORLD HEALTH CONSULTANTS

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Enclosed is an one	inal and oned thooly of the articles of w	

\$70.00 Filing Fee

₹⊠ \$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Alan Rosenthal CPA PA

Name (Printed or typed)

3300 University Dr. Ste 305

Address

Coral Springs, FL 33071

City, State & Zip

(954) 752-4013...

Daytime Telephone number

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:

C/-C/-OD

WORLD HEALTH CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

9711 W. Broward Blvd. Plantation, FL 33324

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALAN H. ROSENTHAL, C.P.A., P.A. 3300 UNIVERISTY DRIVE, SUITE 305 CORAL SPRINGS, FL 33065

ARTICLE V INCORPORATOR

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

Michael_Carnevale 2501 S. Ocean Dr. Hollywood, FL 33019

Signature/Incorporator

Dec. 13,1999

Date

ARTICLE VI

EFFECTIVE DATE OF JAN. 01, -- 2000 --

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

Date