



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/11/2011	201128001042	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

MARK SUNDAR
ZONEGET LLC
PO BOX 340763
COLUMBUS, OH 43234

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2052794

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ZONEGET HEALTH INC

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

201128001042

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 5th day of October, A.D.
2011.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input type="checkbox"/> (2) Articles of Incorporation Nonprofit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Zoneget Health Inc

SECOND: Location Columbus Franklin
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified the date must be a date on or after the date of filing.
(mm/dd/yyyy)

Check here if additional provisions are attached

2011 OCT -5 PM 12:49
CLEAN PRODUCTION
SECRETARY OF STATE

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

Provide health coaching and counseling services. Also provide internet based sales of health products and services.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

1500 NPC 0
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Mark Sundar
(Name)
PO Box 340763
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Columbus OH 43234
(City) (State) (Zip Code)

(Name)

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) (State) (Zip Code)

(Name)

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) (State) (Zip Code)

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See Instructions)

Mark Sundar

10/05/11

Authorized Representative
Mark Sundar
 (print name)

Date

Authorized Representative

 (print name)

Date

Authorized Representative

 (print name)

Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Zoneget Health Inc hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Mark Sundar

(Name)

1344 Presidential Drive, #118

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

(City)

,Ohio

43212

(Zip Code)

Must be authenticated by an authorized representative

Mark Sundar

Authorized Representative

10/05/11

Date

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Mark Sundar

, named herein as the

Statutory agent for,

Zoneget Health Inc

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Mark Sundar

(Statutory Agent)