

PO2000130311

TRANSMITTAL LETTER

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

700008357707--5
-10/14/02--01039--016
*****87.50 *****87.50

SUBJECT: Herbal Therapy Benefits
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Sonia Mirabal
Name (Printed or typed)

5748 N.W. 48 DR.
Address

Coral Springs, FL 33067
City, State & Zip

(305) 476-5590
Daytime Telephone number

505-135-524-2590
W02-29681

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 DEC 11 PM 2:38

FILED

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

gja/11/02



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

FILED

2002 DEC 11 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

October 15, 2002

SONIA MIRABAL
5748 NW 48 DRIVE
CORAL SPRINGS, FL 33067

SUBJECT: HERBAL THERAPY BENEFITS
Ref. Number: W02000029681

We have received your document for HERBAL THERAPY BENEFITS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

YOU MAY FILE USING ONLY ONE (1) REGISTERED AGENT. ALSO PLEASE LIST THE ADDRESS FOR THE INCORPORATORS.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 402A00057417

EFFECTIVE DATE

01/01/03

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2002 DEC 11 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HERBAL THERAPY BENEFITS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5748 NW 48 DR. CORAL SPRINGS, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

START A BUSS.

ARTICLE IV SHARES

The number of shares of stock is:

1'000.000 ONE MILLION

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SONIA A. MIRABAL PRESIDENT 5748 NW 48 DR. CORAL SPRING FL 33067
MARIA T. BEJARANO VICE-PRESIDENT 5748 NW 48 DR. CORAL SPRING FL 33067

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SONIA A. MIRABAL

5748 NW 48 Drive
Coral Springs, Florida 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SONIA A. MIRABAL

MARIA T. BEJARANO 5748 NW 48 Drive, Coral Springs, FL 33067

ARTICLE VIII

EFFECTIVE DATE

JANUARY 01, 2003

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sonia A. Mirabal
Signature/Registered Agent

11/25/02
Date

Maria T. Bejarano
Signature/Incorporator

11-25-02
Date