

PO300009125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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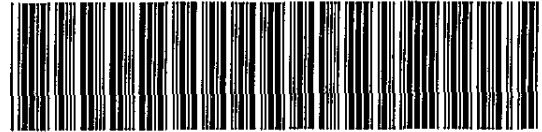
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT:** DEHAVILLAND NATURAL PRODUCTS, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:** De Havilland Natural Products, Inc  
Name (Printed or typed)

7370 NW 36 St #372  
Address

Miami FL 33166  
City, State & Zip

305-471-0201  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

ARTICLE I NAME

The name of the corporation shall be:

*De Havilland Natural Products, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*7370 NW 36 St, #372  
Miami, FL 33166*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Beauty aids, natural products.*

ARTICLE IV SHARES

The number of shares of stock is:

*100*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

*Jorge A. Villura  
7370 NW 36 St #372  
Miami, FL 33168*

ARTICLE VII INCORPORATOR

The n

*Jorge A. Villura  
7370 NW 36 St #372  
Miami, FL 33168*

\*\*\*\*\*

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

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*2/10/03*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*2/10/03*  
\_\_\_\_\_  
Date

03 FEB 13 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**