

PO3000019200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

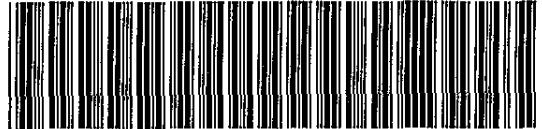
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/18

TRANSMITTAL LETTER

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

SUBJECT: THE HERBAL Rx, 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: NICK Koppenhofer  
Name (Printed or typed)

1443 Covey Cir N.  
Address

LAKE LAND, FL 33809  
City, State & Zip

863-853-1510  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

**The Herbal Rx, Inc.**  
**A Florida Profit Corporation**

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is The Herbal Rx, Inc..
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

Profit

3. **Authorized Shares.** The corporation shall have the authority to issue 100 shares of common stock. The par value of the stock is \$ Zero.
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business  
1443 Covey Circle North  
Lakeland, FL 33809

Mailing Address  
Same

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of 2 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

Brian K. Hudson  
21203 Glenmoor Drive, West Palm Beach, FL 33409  
President

Nick . Koppenhofer  
1443 Covey Cir N., Lakeland, FL 33809  
Vice President

6. **Registered Agent.**

The name and Florida street address of the Registered Agent of the Corporation is:

Nick M. Koppenhofer  
1443 Covey Circle North  
Lakeland, FL 33809

7. **Incorporator.** The name and address of the incorporator is:

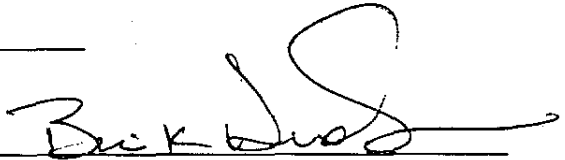
Brian K. Hudson  
21203 Glenmoore Dr.  
West Palm Beach, FL 33409

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: 2-10-03

  
\_\_\_\_\_  
Brian K. Hudson

**ACCEPTANCE BY REGISTERED AGENT**

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.

DATE: 2-10-03

  
\_\_\_\_\_  
Nick M. Koppenhofer