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TRANSMITTAL LETTER

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

	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
3 \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		Į.	& Certificate of
		ADDITIONAL CO	Status Projection
		ADDITIONAL CC	M I REQUIRED
FROM:	KATHY Nam	EDEK e (Printed or typed)	
	7550 50	Address 4+h	ST
	Plantation	y, State & Zp	<u>333/</u> 7
	954-584-	3559 /6 Telephone number	44-266

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: Amazon Herbs 4U, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7550 SW 45T, Plantation, A 33317
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
The purpose for which the corporation is organized is: Distribute herbal products
ARTICLE IV SHARES The number of shares of stock is: /000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
KATHY ORR DEDEK, Pres, Dent 155/0 SW 45T Plantation FI 333317 William DEDEK Vice Pres, Dent 7550 SW 45T Plantation, FI 33317
The name and Florida street address of the registered agent is: Karry ORK Devek 7550 500 476 54
Plantation, F1 33317
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
KATHY DRR DEDEK 1550 SW 4 ST, Plantation, F1 33317

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/Incorporator