N9900003151

TRANSMITTAL LETTER

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

SUBJECT:	LUXOR NATURAL Remedies Inc.	
	(Proposed corporate name - must include suffix)	
	200002879132	
	-n5/18/9901073002_	
	******78.75 ******78.75	-

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

□ \$70.00	
Filing Fee	

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Annette D. Hall Name (Printed or typed)	
P. O. Box 141 553 Address	F1 1999 MAY SECRETA ALLAHAS
Orlando, FL 32814 City, State & Zip	ILED 18 M ARY J. S. SSEE, FLO
	M 8 08

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

FILED

ARTICLES OF INCORPORATION

1999 MAY 18 AM 8 08

TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

The name of the corporation shall be: LUXOR Natural Remedies Inc ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: P. O. BOX 141553 Orlando, FL32814 ARTICLE III PURPOSE(S)
The specific purpose(s) for which the corporation is organized is(are): Entertainel <u>ARTICLE IV</u> <u>MANNER OF ELECTION OF DIRECTORS</u>
The manner in which the directors are elected or appointed is: as Stated In The By Laws" INITIAL REGISTERED AGENT AND STREET ADDRESS ANNEHED Hall orida street address of the initial registered agent are: 7255 Blair Drive The name and Florida street address of the initial registered agent are: Orlando, FL 32818 ARTICLE VI INCORPORATOR Annette D. Hall The name and address of the Incorporator to these Articles of Incorporation are: P.O. BOX141553 ORlando, FL 32814

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date