## (SAMPLE LETTER OF TRANSMITTAL)

DATE Jan- 17- 2000

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

600003104626--5 -01/20/00--01081--005 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: ME ORGANIC PLACE Heath Foods, Inc. 8 (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with mycheck in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

THE ORGANIC PLACE HEALTH FOODS, INC
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

12 46 SOUTH JOHN YOUR PARKURY

KISSIMMEP 7. 3474)

PHONE

1407) 944-9095

Area Code

Number

Ext.

## ARTICLES OF INCORPORATION

PLACE HEOHH FOODS 146 The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: PLACE Health FOODS ORGANIC THE ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 1,000 shares of common stock, par value \$ 1.000 ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS SOUTH KISSIMMER **FLORIDA CITY** Mailing address, if different STREET ADDRESS **FLORIDA** ZIP CITY

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Kalet	1 FULMA	₹0 N O		
ADDRESS	1246	SouTH	JOHN	>ou NG	PARKWAY
CITY 14	(1981	ume e	FLÓI	RIDA F.	ZIP ≥47-4)

This corporation shall have		The number of directors may be an one (1). The names and
NAME KALETI FUIMAONC	)	
ADDRESS 1246 SOUTH JOH	HN YOUNG PAI	ZKWAY
CITY KISSIMMEE	STATE F1.	ZIP 34741
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME Pauline Fui	MAONO	
ADDRESS 1246 SOUTH S	JOHN YOUNG P	ARKELAY
CITY KISSIMMEY	STATE FL.	ZIP 34741
ARTICLE V The names and addresses of the incorporators signing the	SE Articles of Incorporation are as	s follows:
NAME KALETI FULMAO	NO	
	TOHN YOUNG	PARKWAY
CITY KISSIMMER	STATE FI.	ZIP 34741
NAME		
ADDRESS	-	
CITY	STATE	ZIP
NAME Pouline Full	MAONO	
ADDRESS 1246 SOUTH	JOHN YOU	ug PARKURY
CITY KLESCHMER	STATE FL.	ZIP 3474 j
The undersigned incorporator(s) have executed these	Articles of Incorporation this	1742
day of TanuaRy	Lalita Juin	(Signature)  (Signature)

\_ (Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

OO MA 20 OH 3: 20

THE ORGANIC PLACE HEALTH FOODS INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1246 SOUTH BERMUS YOUNG PARKWAY

KISSIMMED FL. 34741

has named Kaleti FUIM AON C

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

7an. 17. 2000