POCOCOO 10908

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

900003111179--3 -01/26/00--01060--007 *****78.75 *****78.75

SUBJECT:	The	ALter	nativo	2 Product	s (ompany		
		(Pr	roposed corpor	ate name - must includ	e suffix)			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:								
☐ \$70.0 Filing Fe	e Filin	78.75 g Fee ertificate of S	tatus	\$78.75 Filing Fee & Certified Copy	7 (6 S	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
			Ĺ	ADDITIONAL (COPY	REQUIRED		
FRO	M:	tenry	Name (Pri	ated or typed)				

Daytime Telephone number

Jacksonville FL
City, State & Zip

(904) 223-1212

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

73/100

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I	NAME
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The name of the corporation shall be:

The Alternative Products Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13401 So. SNHON PR. Dr. # 334 Jacksonville, Fi.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS <u>ARTICLE</u> IV

The name and Florida street address of the initial registered agent are:

Henry Hall
c/o Alternative Products
13401 50. Sutton Pk. Dr. # 334

ARTICLE V INCORPORATOR 5. 32224

The name and address of the incorporator to these Articles of Incorporation are:

Herry Hell che Alternative Products 13401 50. SwHon P.C. Dr. # 334 Jackson ville, LC. 32224

Signature/Incorporator

(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

<u>Jan 25, 2000</u>

Date