POSSIBLE TRANSMITTAL LETTER POSSIBLE TRANSMITTAL LETTER TRANSMITTAL LETTER TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Heaven's Breeze (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$87.50 **🗹 \$78.75** \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Marian Green Name (Printed or typed)

850-627-7727

Daytime Telephone number

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

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.

ARTICLE I NAME		
The name of the corporation shall be: Heaven's Breeze Natural Foods, Inc		
ARTICLE II PRINCIPAL OFFICE	-	ai.
The principal place of business and mailing address of this corporation shall be:		
16 W Jefferson St -		
Quincy FL = 32351		
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding	at any one time is:	
	•	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADI	DRESS	
The name and Florida street address of the initial registered agent are:		* .
Marian Green		
16 W Jefferson St Quincy FL 32351	45 0	
ARTICLE V INCORPORATOR	Eğ 9	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	器 品	≥
Marian Green	00 FEB -3 SECRETARY ALLAHASSEL	
16 W Jefferson - St Quincy FL -32351		
Quincy FL _32351	PM 4: 1: OF STATE S, FLORIDA	O
Marion Green 2-3-00	- 10	
Signature/Incorporator	Date	

(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

Marion Free 2-300
Signature/Registered Agent Date