400003181284--1 -03/23/00--01018--009 \*\*\*\*\*78.75 \*\*\*\*\*78.75

#### CORPORATION(S) NAME

ZIP

Phone

State

City

Natures VI	1age o Con	n, Inc.	
	0		
			Ā.
			ECH CHA
			MAR 2: ANIASS
			S
(/) Profit	The second secon	· · · · · · · · · · · · · · · · · · ·	110: L
/ ) NonProfit	( ) Amendment	( ) Merger	107
( ) Foreign	( ) Dissolution	( ) Mark	
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of	Registered Agent
Certified Copy	( ) Photo Copies	( ) Certificate	Under Seal
( ) Gali When Ready ( ) Walk in ( ) Will Walt	( ) Call If Problem	( ) After 4:30 ick Up (	) Wall Out
		na maga nagan sa sagan dina maning a sa s	- 2200
Name Availability		6 o c	A MARIE
Document Examiner		10 11 20	RECE 00 MAR 23
Updater		Alico	
Verifier / / / / /		DIE	WED M 9 28
Acknowledgment			ω
W.B. Madifia			

# ARTICLES OF INCORPORATION

of

Natures Village. Com. Inc. (name of corporation)
(name of corporation)
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.
ARTICLE I - CORPORATE NAME  The name of the corporation is:
Matures Village. Con, Jac.
O
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.
The corporation is authorized to issue
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:
NAME PON DONOFRIO
ADDRESS 11185 NW 2nd Court
CITY ONO SOVINGS FLORIDA FL ZIP 33071
The principal office, if known, or the mailing address of the corporation is:
NAME NATURES VILLAGE - COM, IAC.
ADDRESS 11185 NW 2nd CCWT
CITY Crad Strings FLORIDA FT ZIP 37071

Daily Business Review - 07/94

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have( \arraycolorgap	) directors initially. The numbe	r of directors may be either		
increased or diminished from time to time by the By-Law of the initial director(s) of the corporation are as follows:	s, but shall never be less than one (	1). The names and addresses		
of the initial director(s) of the corporation are as follows.				
NAME Fd Falcone	**************************************	77 77 77 77 77 77 77 77 77 77 77 77 77		
ADDRESS 3300 UNIVOVSITY Dr.				
CITY COOL SOVICAS	STATE FT	ZIP3-20/5		
NAME RON DOVOTRIO				
ADDRESS 111850W 2nd Cart				
CITY Cara Davings	STATE F	zm33071		
NAME				
ADDRESS	· · · · · · · · · · · · · · · · · · ·	,		
CITY	STATE	ZIP		
ARTICLE VI I	- INCORPORATORS			
The names and addresses of the incorporators signing these Articles of Incorporation are as follows:				
The names and addresses of the meorporators signing the	se Articles of incorporation are as i	onows.		
NAME PON DONOFRIO				
ADDRESS 11185 NW 2nd Court				
CITY Crapsprings	STATE FL	z133071		
NAME				
ADDRESS				
CITY	STATE	ZIP		
NAME				
ADDRESS				
CITY	STATE	ZIP		
IN WITNESS WHEREOF, the undersigned subscriber(s)	have executed these Articles of The	armaration this		
day of 19 200	nave executed these Afficies of file	orporation this		
/	RIL			
	Jan la	(Seal)		
	•	(Seal)		
		(Seal)		

### CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF



Natures Village, Cay, Jac (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named Roy Donofric
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)