IT AI ETES 36

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

| SUBJECT: | 'Mother Earth Inc.' | | |
|-----------------------|--|--|---|
| | | rate name - must include suf | fix) |
| Enclosed is an origin | al and one (1) copy of the articl | | 00031321382 -03/31/0001088011 ******70.00 ******70.00 a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM | LEONARD KEAVENY | | |
| | Name (Printed or typed) | | |
| | 6834 PARK LANE NORTH | | 00 / SECRI |
| | LAKE WORTH, FL 33467 | Address State & Zip | FILED APR 12 AM 9: 1 RETARY OF STATI AHASSEE, FLORID |

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

Daytime Telephone number

561 432-0952

R. VARNADORE APR 1 3 2000

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | | | |
|--|--|--|--|
| ARTICLE I NAME | | | |
| The name of the corporation shall be: | | | |
| | | | |
| Mother Earth Inc. | | | |
| Mother Earth Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6845 PARK LANE NORTH, LAKE WORTH, FL 33467 | | | |
| The principal place of business/mailing address is: | | | |
| LORTA 9. | | | |
| 6845 PARK LANE NORTH, LAKE WORTH, FL 3.3467 | | | |
| ARTICLE III PURPOSE | | | |
| The purpose for which the corporation is organized is: | | | |
| | | | |
| A DOTACE TO ATT. | | | |
| ARTICLE IV SHARES The number of shares of stock is: | | | |
| | | | |
| 1,000 SHS. PAR VALUE @ .01 ¢ | | | |
| ARTICLE V INITIAL OFFICERS DIRECTORS | | | |
| The name(s) and address(es): | | | |
| LEONARD KEAVENY, 6845 PARK LANE NORTH, LAKE WORTH, FL 33467 | | | |
| ARTICLE VI REGISTERED AGENT | | | |
| The name and Florida street address registered agent are: | | | |
| The Mario and The Teacher and the Control of the Co | | | |
| LEONARD KEAVENY, 6845 PARK LANE NORTH, LAKE WORTH, FL 33467 | | | |
| ADTICLE LIL BICODDODATOD | | | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator are: | | | |
| The hame and address of the heorporator are. | | | |
| LEONARD KEAVENY, 6845 PARK LANE NORTH, LAKE WORTH, FL 33467 | | | |
| ************************************** | | | |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in | | | |
| this certificate. Phereby 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 | | | |
| obligation of my position as registered agent. | | | |
| 1 Leweny 3/9/00 | | | |
| Signature Registered Agent Date | | | |
| 3/9/00 | | | |
| Signature/Acorporator Date | | | |

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