



Veronica J. Cutrone

2243 S.E. Rich Street Port St. Lucie, FL 34984 Home Phone 561-878-2109

March 23, 2000

State of Florida, Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314 000003247330--8 -05/11/00--01002--002 *****78.75 *****78.75

Dear Sir or Madam,

Enclosed, please find the Articles of Incorporation for Nature's Healing Hands, Inc., a corporation to be formed in the State of Florida.

Also, please find our check in the amount of \$78.75 for filing fees, registered agent designation and a certified copy of the Articles of Incorporation.

Thank you for your prompt attention to this matter.

Sincerely

Veronica J. Cutrone

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SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

NATURE'S HEALING HANDS, INC.



ARTICLÉ

NAME

The name of this corporation is NATURE'S HEALING HANDS, INC.

ARTICLE II

NATURE OF BUSINESS

The nature of business to be transacted by the corporation shall be: the purchase and sale of vitamins, herbs and minerals and any other business which may be lawfully carried out by a Florida corporation.

ARTICLE III

CAPITAL STOCK

This Corporation shall have one (1) class of common stock having a par value of One Dollar (\$1.00) per share and the same shall be fully paid and non-assessable. The maximum number of shares of said stock this Corporation is authorized to have outstanding at any one time is Seven Thousand (7,000) shares.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this Corporation shall begin business is Two Thousand(\$2,000.00) Dollars.

ARTICLE V

TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI

ADDRESS

The initial street address of the principal office of this Corporation in the State of Florida is: 2243 SE Rich St., Pt. St. Lucie, Florida 34984. The initial mailing address of this Corporation in the State of Florida is: PO Box 7564, Port St Lucie, Florida 34985-7564. The Board of Directors may from time to time move the principal office to any other address in the State of Florida.

ARTICLE VII

DIRECTORS

This Corporation shall initially have one (1) Director(s). The number of Directors may be increased or diminished from time to time by the By-Laws adopted by the stockholder, but shall never be less than one (1).

ARTICLE VIII

INITIAL DIRECTOR

The names and addresses of the initial Directors are:

NAME

ADDRESS

Veronica J. Cutrone

2243 SE Rich St.

Pt. St. Lucie, Florida 34984

ARTICLE IX

SUBSCRIBER

The name and address of the Subscriber of these Articles of Incorporation is as follows:

NAME

ADDRESS

Veronica J. Cutrone

2243 SE Rich St.

Pt. St. Lucie, Florida 34984

ARTICLE X

REGISTERED RESIDENT AGENT AND REGISTERED OFFICE

The name and address of the Registered Resident Agent and her Registered Office to accept service of process within the State for this Corporation is:

NAME

ADDRESS

Veronica J. Cutrone

2243 SE Rich St.

Pt. St. Lucie, Florida 34984

ARTICLE XI

<u>AMENDMENTS</u>

These Articles of Incorporation may be amended in the manner provided by law. Each amendment shall be approved by the Board of Directors, proposed by them to the Stockholders and approved at a Stockholders meeting by a majority of the Stockholders entitled to vote thereon; provided, however, amendments may also be made to these Articles of Incorporation upon all of the Directors and Stockholders signing a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned subscribing Incorporator and Subscriber, a natural person competent to contract, hereunto sets her hand and seal on this the $\Rightarrow \checkmark^{t}$ day of March. 2000.

STATE OF FLORIDA COUNTY OF ST. LUCIE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared VERONICA J. CUTRONE, who is personally known to me. and who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed and subscribed to these Articles of incorporation.

Witness my hand and official seal in the County and State named above

on this the 24^{+1} day of March, 2000.

Notary Public, State of Florida

OFFICIAL NOTARY SEAL JACKIE HARTMAN NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC907714 MY COMMISSION EXP. FEB. 3,2004

ACKNOWLEDGMENT OF REGISTERED RESIDENT AGENT

Having been named Registered Resident Agent to accept service of process for NATURE'S HEALING HANDS, INC., at the place designated in this certificate, I hereby accept the designation as Registered Resident Agent and agree to comply with all of the provisions of Chapter 48, Florida Statutes, as amended.

VERONICA J. CUTRONE

Registered Resident Agent

SECRETARY OF STA