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EXPRESS CORPORATE FILING SERVICE INC

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CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

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FILED  
00 JUN 21 AM 11:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. So Farmacia Natural, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

Examiner's Initials

**ARTICLES OF INCORPORATION**

**ARTICLE I, NAME**

The name of this corporation is **Su Farmacia Natural, Inc.**

**ARTICLE II, NATURE OF BUSINESS**

**Su Farmacia Natural, Inc.** is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of **Su Farmacia Natural, Inc.** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

**Su Farmacia Natural, Inc.** is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principle address of **Su Farmacia Natural, Inc.** is:

2588 SW 27th. Ave.  
Miami, FL 33133

and the name of the initial registered agent of this corporation at this address is **David Llaurado.**

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#### **ARTICLE VI, INITIAL DIRECTORS**

**Su Farmacia Natural, Inc.** shall have three (3) directors, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

David Llaurado  
2588 SW 27th. Ave.  
Miami, FL 33133

President  
Director

Roger Llaurado  
2588 SW 27th. Ave.  
Miami, FL 33133

Vice-President  
Director

Alice Llaurado  
2588 SW 27th. Ave.  
Miami, FL 33133

Secretary  
Director

#### **ARTICLE VII, INCORPORATOR**

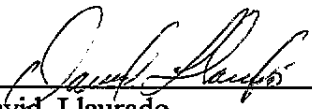
The name and address of the incorporator of this corporation is:

David Llaurado  
2588 SW 27th. Ave.  
Miami, Fl 33133

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this  
12th. day of June, 2000.

STATE OF FLORIDA )

COUNTY OF DADE )

  
\_\_\_\_\_  
David Llaurado  
Incorporator

Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared David Llaurado, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 12th day of June of 2000.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Su Farmacia Natural, Inc.

2. The name and address of the registered agent and office is:

David Llaurado

2588 SW 27th. Avenue

Miami, FL 33133

SIGNATURE 

TITLE President

DATE June 12, 2000

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 

DATE June 12, 2000

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TALLAHASSEE FLORIDA