POOCOOCOOGOGA

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

SUBJECT: ESSENTIA MANUSCHUMA TOC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
		, 5	00003315 -07/06/00 *****78.75	-01078001				
Enclosed is an origin	Enclosed is an original and one(1) copy of the articles of incorporation and 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 PY REQUIRED					
FROM:	William Roba Name (Pri	at Flay dinted or typed)		- -				
	P.O. Box	0 ddress L 3233	SECRETARY GATALLAHASSEE, F	APPROVEC				
	City, S	State & Zip	-LORIDA	ED 11:17				

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

Will Wait

ARTICL	E-C	OF	INICO	DD	ND A	TION	
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE	T	NAME
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The name of the corporation shall be:

ESSENTIAL MANOPACTUMNY, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

R+ 3 Box 47 FF Monticello FL 32344

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Mansfature Air Purifiers +

Water Filters

ARTICLE IV SHARES

The number of shares of stock is:

5,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

 $C \in \mathcal{O}$

William Robert Hoyd PARTY PO BOX 2

Lamont FC 32336

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> registered agent is:

W.lliam R

" Alogo

R+3, BOX47FF

Monticello-F1.32344 William R Floyd

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Po Box 2

LAMONT FL 323

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

7-6-2000