TRANSMITTAL LETTER

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

FROM

学 300003322573——5 -07/13/00--01088--001 ******70.00 ******70.00

SUBJECT:	NATRANIC INC. (Proposed corporate name-must include suffix)		
Enclosed is an original X	and one(1) copy of the arrticles \$ 78.75 Filing Fee & Certificate of Status	\$ 78.75 Filing Fee & Certified Copy	\$ 87.50 Filing Fee, Certified Copy & Certificate of Status

Name (Printed or typed)

8133 ST. ANDREWS CIRCLE
Address

ORLANDO, FL 32835
City, State & Zip

407-292-3630
Daytime Telephone number

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

ARTICLES OF INCORPORATON

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles Of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

NATRANIC INC

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

402 SANDPIPER RIDGE DR. ORLANDO, FL. 32835

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

VISHWANATH RAMDASS 8133 ST. ANDREWS CIRCLE ORLANDO, FL 32835

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

VISHWANATH RAMDASS 8133 ST. ANDREWS CIRCLE ORLANDO, FL 32835

Signature/Incorporator_

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place design in this certificate. I hereby 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 approaching the obligations of my position as registered agent.

Signature/Registered Agent-

DATE

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA