

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

900003402689--9 -09/25/00--01100--007 *****78.75 *****78.75

Subject

GenuineHerbs Inc.

Enclosed is an original and one (2) copy of the articles of incorporation and a check for

\$78.75
Filing Fee
& Certified Copy

\$122.50
Filing Fee
& Certified-Copy

\$131.25
Filing Fee,
Certified Copy

& Certificate

(ADDT'L COPY REQ'D)

(ADDT'L COPY REQ'D)

FROM:	Ana Beatriz Higgins
	30141 Agoura Road, Suite 205
	Agoura Hills, California 91301

ON SEP 25 NH 10: 04

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

Japul00

ARTICLES OF INCORPORATION OF GenuineHerbs Inc.

FILED
SERVETARY OF STATE
THURSTEL OF CORPORATIONS

00 SEP 25 AMID: 04

The under:	signe	d incor	porator, j	for the pur	pose o	f forming	a corporation	under the	Florida	Business	Corporati	on
Act, hereby											-	

ARTICLE I NAME

211 South Keystone Road Venice, Florida 34292

The name of the Corporation shall be: GenuineHerbs Inc.

<u>ARTICLE II</u> _ <u>PRINCIPAL OFFICE</u>

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

ARTICLE III SHARES	
The number of shares that this corporation is autho	rized to have outstanding at any one time is: 2000
shares at \$1.00 par value per share.	rized to have odistanding at any one time is. 2000
strates at \$1.00 par value per share.	
	ED AGENT AND STREET ADDRESS
The name and Florida street address of the initial re-	egistered agent is:
Kuncheria Joseph MD 2522 Northway Drive Venice, Florida 34292	
ARTICLE V INCORPORATOR	· _
The name and address of the incorporator to these	Articles of Incorporation is:
Ana Beatriz Higgins 30141 Agoura Road, Suite 205 Agoura Hills, California 91301	
Ana Beatriz Higgins, Incorporator	<u>Leptember 12th 2000</u> Date
Having been named as registered agent and to accept se place designated in this certificate, I hereby accept the a capacity. I further agree to comply with the provisions of performance of my duties, and I am familiar with and acceptable.	ppointment as registered agent and agree to act in this fall statutes relating to the proper and complete
Kuncheria Joseph MD, Registered Agent	Date