

P00000097195

TRANSMITTAL LETTER

FILED
00 OCT 13 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Llera's Herbal Products Etc Inc.
Proposed Corporate Name

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

800003411318--5
-10/02/00--01104--003
*****70.00 *****70.00

FROM:

Monique G. Llera

Name (print or type)

10791 Fox Glen Drive

Address

Boca Raton, FL 33428

City, State, Zip

(954) 942-7390

Area Code and Phone Number (Daytime)

789, 2551, 534, 2555, 2550
W00-24113

D. BROWN OCT 16 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 2000

MONIQUE G. LLERA
10791 FOX GLEN DRIVE
BOCA RATON, FL 33428

SUBJECT: LLERA'S HERBAL PRODUCTS ETC INC
Ref. Number: W00000024112

We have received your document for LLERA'S HERBAL PRODUCTS ETC INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

ARTICLE 5 NEEDS TO BE COMPLETED.

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 900A00052669

ARTICLES OF INCORPORATION
OF

Liera's Herbal Products Etc Inc
(Name of Corporation)

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00 OCT 13 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE 1: NAME

The name of the corporation shall be: Liera's Herbal Products Etc Inc

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be (give street address and zip code): 2041 N. Dixie Hwy., Pompano Beach, FL 33062

ARTICLE 3: SHARES

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: 500 shares

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is Monique G. Liera

whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are: MONIQUE G LLERA / day time 954-942-7390
10791 FOX GLEN DRIVE
BOCA RATON FL 33428

The undersigned incorporators have executed these Articles of Incorporation this 24th Day of September, 2000.

Monique Liera
Signature

Signature

Signature

Signature

Articles of Incorporation
Filing Fee — \$35.00

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
00 OCT 13 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida law, 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/professional association is:

Liera's Herbal Products Etc. Inc.

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

Monique G. Liera
Full name

10791 Fox Glen Drive
Address (P.O. Box not acceptable)

Boca Raton, FL 33428
City, State, and Zip

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 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 AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Monique Liera
SIGNATURE OF REGISTERED AGENT

09/24/00
DATE

Designation of Registered Agent
Filing Fee — \$35.00