

TRANSMITTAL LETTER

P00000102301

FILED  
00 OCT 30 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: All Natural Care, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003444191-4  
-10/30/00--01129--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Perez, Behar i Assoc.  
Name (Printed or typed)

13935 NW 1st Ave  
Address

Miami, FL 33168  
City, State & Zip

305-688-9694  
Daytime Telephone number

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

D. BROWN OCT 31 2000

**ARTICLES OF INCORPORATION  
OF  
ALL NATURAL CARE, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporations.

**ARTICLE I**

The name of this corporation shall be:

ALL NATURAL CARE, INC.

**ARTICLE II**

The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE III**

It shall have the authority to issue 100 shares of stock, all of one class, with \$ 1.00 par value.

**ARTICLE IV**

The corporation shall begin with \$ 100.00 capital.

**ARTICLE V**

The period of its duration is perpetual.

**ARTICLE VI**

The address of its principal office is:

13935 NW 1st Avenue  
Miami, FL. 33168

Prepared by:  
Perez, Behar & Associates, PA.  
13935 NW 1st Avenue  
Miami, FL. 33168  
(305) 688-9694

## ARTICLE VII

The number of directors constituting its initial Board of Directors is  
(2) whose name(s) and address(es) is (are):

Hector Montagut  
1200 West Ave. # 909  
Miami Beach, Fl. 33139  
President

Isabel Cristina Cuello  
1200 West Ave. # 909  
Miami Beach, Fl. 33139  
Vice President

## ARTICLE VIII

The name and address of the subscriber is:

Hector Montagut  
1200 West Ave. # 909  
Miami Beach, Fl. 33139

## ARTICLE IX

The registered agent and registered office for the corporation shall be:

PEREZ, BEHAR & ASSOCIATES, PA.  
13935 NW 1st AVENUE  
MIAMI, FL. 33168

## ARTICLE X

Shareholders shall be entitled to preemptive rights.

  
Hector Montagut

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TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.  
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT ALL NATURAL CARE, INC. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI, STATE OF FLORIDA HAS NAMED PEREZ, BEHAR & ASSOCIATES, PA. AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature: 

Title: PRESIDENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

Signature: 

RAMON PEREZ/ VICE-PRESIDENT  
PEREZ, BEHAR & ASSOCIATES, PA.

Date: 10-24-00