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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 922-4001

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

MOTHERS ALMANAC, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION  
OF**

**The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.**

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**ARTICLE 1-NAME**

**The name of the corporation shall be: Mothers Almanac, Inc.**

**The principal place of business of this corporation shall be 40 E. Osceola St., Stuart, FL 34994.**

**ARTICLE II-NATURE OF BUSINESS**

**This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.**

**ARTICLE III-CAPITAL STOCK**

**The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time: 1000 Shares \$1 Par Value**

**ARTICLE IV-TERM OF EXISTENCE**

**This corporation is to exist perpetually.**

## **ARTICLE V-OFFICERS DIRECTORS**

**The name(s) and street address(es) of the initial officer(s) and director(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is(are):**

***Shamira Fielding (d)***  
***14 Copaire Road***  
***Stuart, FI 34996***

## **ARTICLE VI-INCORPORATORS**

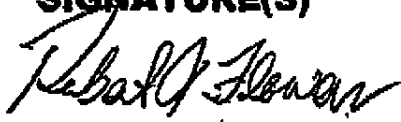
**The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):**

**Robert J. Flowers**  
**40 E. Osceola St.**  
**Stuart, FI 34994**

**IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these ARTICLES OF INCORPORATION this 26<sup>th</sup> of December 2000.**

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**SIGNATURE(S)**

A handwritten signature in black ink, appearing to read "Robert J. Flowers", written over a solid black horizontal line.

**Robert J. Flowers**

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

**Pursuant to the provisions of Section 607.325 Florida Statutes, 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: Mothers Almanac, Inc.**
- 2. The name and address of the registered agent and office is: Robert J. Flowers  
40 E. Osceola St.  
Stuart, Fl 34994**

**Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I further 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, and I accept the duties and obligations of Section 607.325, Florida Statutes.**

**SIGNATURE**

**DATE**

*Robert J. Flowers*  
*12/26/2000*

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