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

From: Account Name : WILLIAM J. STRANGE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SALUD NATURAL, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

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ARTICLE OF INCORPORATION  
OF

**SALUD NATURAL, INC.**

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.

ARTICLE I NAME

The name of the corporation shall be:

**SALUD NATURAL, INC.**

The principal place of business of this corporation shall be:

13255 S.W. 137<sup>TH</sup> AVENUE STE # 201  
MIAMI FLORIDA 33186

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, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

| SHARES # | PAR VALUE | STOCK DESCRIPTION |
|----------|-----------|-------------------|
| 500      | \$1.00    | Common Stock      |

ARTICLE IV TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V OFFICERS DIRECTORS

**WILLIAM J. STRANGE**  
9586 S.W. 6<sup>TH</sup> LANE - MIAMI, FL 33174  
PHONE (305)223-0444  
FAX (305)225-8698

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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):

BOARD OF DIRECTORS:

| <b>OFFICER'S TITLE</b> | <b>NAME</b>      | <b>ADDRESS</b>   |
|------------------------|------------------|--|
| President:             | Samuel De La Hoz | 15278 SW 104 <sup>TH</sup> Street #524<br>Miami, Florida 33196 |
| Secretary:             | Jenny De La Hoz  | 15278 SW 104 <sup>TH</sup> Street #524<br>Miami, Florida 33196 |
| Treasury:              | Jenny De La Hoz  | 15278 SW 104 <sup>TH</sup> Street #524<br>Miami, Florida 33196 |

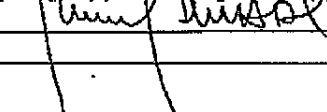
ARTICLE VI INCORPORATOR(S)

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

| <b>NAME</b>      | <b>ADDRESS</b>   |
|------------------|--|
| Samuel De La Hoz | 15278 SW 104 <sup>TH</sup> Street #524<br>Miami, Florida 33196 |

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 03 day of March, 2001.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_

**WILLIAM J. STRANGE**  
9586 S.W. 6<sup>TH</sup> LANE - MIAMI, FL 33174  
PHONE (305)223-0444  
FAX (305)225-8698

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

Pursuant to the provisions of Section 607.325 , Florida Statutes, the undersigned corporation, organized under the law of the State of Florida , submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

**SALUD NATURAL , INC.**

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

NAME  
Samuel De La Hoz

ADDRESS  
15278 SW 104<sup>TH</sup> Street #524  
Miami, Florida 33196

SIGNATURE

*Samuel De La Hoz*

TITLE

*President*

DATE

*March 08, 2001*

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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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

*Samuel De La Hoz*

DATE

*March 08, 2001*

WILLIAM J. STRANGE  
9586 S.W. 6<sup>TH</sup> LANE - MIAMI, FL 33174  
PHONE (305)223-0444  
FAX (305)225-8698

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