# P0/00034158

MARCH 30, 2001

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALAHASSEE, FLORIDA 32314

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SUBJECT: SOUTHEASTERN CENTER FOR HERBAL STUDIES, INC.

ENCLOSED IS AN ORIGINAL AND (1) ONE COPY OF THE ARTICLES OF INCORPORATION AND CERTIFICATE OF REGISTERED AGENT AND REGISTERED OFFICE, AND A CHECK FOR \$70.00.

PLEASE MAIL THE COMPLETED FILED DOCUMENTS TO ME AT:

KATHLEEN GOULD 132 E CLAIRIDGE STREET SATELLITE BEACH, FLORIDA 31937

VERY TRULY YOURS,

KATHLEENGOULD

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# ARTTICLE OF INCORPORATION

<u>OF</u>

# SOUTHEASTERN CENTER FOR HERBAL STUDIES, INC.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE TERMS OF THE FLOLRIDA GENERAL CORPORATION ACT DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

#### ARTICLE ONE

#### NAME OF CORPORATION

THE NAME OF THE CORPORATION IS SOUTHEASTERN CENTER FOR HERBAL STUDIES, INC.

## **ARTICLE TWO**

## PRINCIPAL OFFICE

THE PRINCIPAL OFFICE OF THE CORPORATION WILL BE: 132 E CLAIRIDGE ST, SATELLITE BEACH, FLORIDA 32937.

## ARTICLE THREE

#### **PURPOSE**

THE CORPORATION MAY TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT.

# ARTICLE FOUR

## INITIAL CAPITAL

THE AMOUNT OF THE INITIAL CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS SHALL BE FIVE HUNDRED (\$500.00) DOLLARS.

# ARTICLE FIVE

# **SHARES**

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION HAS AUTHORITY TO ISSUE IS 5,000 SHARES, ALL OF WHICH SHALL BE COMMON SHARES AND SHALL HAVE A PAR VALUE OF (1.00) DOLLAR.

#### ARTICLE SIX

#### TERM OF EXISTENCE

THE DURATION OF THIS CORPRATION IS PERPETUAL.

## ARTICLE SEVEN

# **INITIAL REGISTERED AGENT AND ADDRESS**

THE NAME OF THE INITIAL REGISTERED AGENT IS: KATHLEEN GOULD. THE STREET ADRESS OF THE INITIAL REGISTERED AGENT IS: 132 E CLAIRIDGE STREET, SATELLITE BEACH, FLORIDA 32937.

## ARTICLE EIGHT

## INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

NAME ADDRESS

KATHLEEN GOULD - 132 É CLAÏRIDGE STREET SATELLITE BEACH, FL 32937

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS 30TH DAY OF MARCH, 2001.

KATHLEEN GOULD

# **CERTIFICATE OF DESIGNATION OF**

## REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZING 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 IS: SOUTHEASTERN CENTER FOR HERBAL STUDIES, INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

KATHLEEN GOULD 132 E CLAIRIDGE STREET SALELLITE BEACH, FL 32939

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 TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLTE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

KATHLEEN GOULD, RETISTERED AGENT

3/10/0

DATE

OT APR -2 AM ID: 51
SECRETART OF STATE
ALLAHASSEF FLORINA