TRANSMITTAL LETTER

P01000037919

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

SUBJECT: //	(PROPOSED CORPORA)			ic.	
. ·		4-9-0[400003992 -04/11/010 *****87.50	424 — 108900 *****87)1 '.5
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and	a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:	-	E. SEVDO.			
	MIAM City, S	SUNSET Deliver of State & Zip 2-6/69	₽ 混	01 APR 11 PM 3: 09	<u>=</u>
Davtime Telephone number					

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

1- The name of the Corporation is:

ANDEAN HEALTH SUPPLEMENTS, INC.

- 2- The principal address is: 8770 Sunset Drive, #163 Miami, FL 33173.
- 3- The term for which the Corporation is to exist is Perpetual.
- 4- The general nature of the business to be transacted by the Corporation shall be to engage in and to do any lawful act permitted under the laws of the United States of America and the State of Florida.
- 5- The aggregate number of shares of Capital stock, which the Corporation shall have the authority to issue, is, One Thousand (1000) shares of common stock having a par Value of, One Dollar (\$1.00) each.
- 6- Initial Registered Agent shall be:
 Juan E. Sendon
 8770 SW Sunset Drive, #163, Miami, FL. 33173.
- 7- The initial Board of Directors shall be comprised of Two members, the names and address of the Directors are:

Name	Address		
Maria T Carrera	8770 SW Sunset Dr.#163		
President	Miami, FL. 33173.		
Juan E. Sendon	8770 SW Sunset Dr. #163		
Secretary & Treasure	Miami, FL. 33173.		

8- The formation of the Corporation shall be effective as of the date hereof.

01 APR 11 PM 3: 09

	IN WITNESS	WHEREOF, the	undersigned has hereunto set
his hand and seal this _	9-60 day of	april	, 2001.

VENEZUELA PASSPORT # 018 00 82

STATE OF FLORIDA COUNTY OF MIAMI-DADE:

BEFORE ME, the undersigned authority, personally appeared Juan E. Sendon who, upon being first duly sworn, acknowledge that the executed the foregoing document freely and voluntarily and for the purpose therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this <u>brel</u>, 2001.

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, Juan E. Sendon, with offices at 8770 SW Sunset Drive, #163, Miami, FL. 33173, accept the appointment of Registered Agent of Andean Health Supplement, Inc. as provided in F.S. Chapter 48.091

Juan E. Sendon PERU PASSPORT #0471414