### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## P010000

natures Cures, Inc

Signature

Name

Walk-In

Requested by:

Date

Will Pick Up

Time

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LTD Partnership File
Foreign Corp. File
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Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement 5
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLES OF INCORPORATION of

NATURE'S CURES, INC.



#### ARTICLE I NAME

The name of the corporation shall be: Nature's Cures, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1799 N.E. 164<sup>th</sup> Street, Suite 117, North Miami Beach, FL 33162.

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one hundred thousand (100,000) shares of one dollar (\$1.00) par value common stock.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Linda Safro, 7154 N. University Drive, #148, Tamarac, FL 33321.

ARTICLES OF INCORPORATION NATURE'S CURES, INC. Page two



#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: : Linda Safro, 7154 N. University Drive, #148, Tamarac, FL 33321.

Signature/Incorporator

Date

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 as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relation to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature/Registered Agent

Date