## Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

S70.00 S78.75
Filing Fee Filing Fee & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: KODIN O. WOLVEN
Name (Printed or typed)

SSOT N. E. 29th Avenue

Address

Cancellia H 32609

City, State & Zip

Davtime Telephone number

700004338437--2 -06/01/01--01069--001 \*\*\*\*\*87.50 \*\*\*\*\*87.50

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

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ANGELS BY NATURE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5507 N.E. 29th Avenue, Gainesville, Florida 32609 in the county of Alachua

ARTICLE III SHARES

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

One

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ms. Robin Dreuneigh Warren~President 5507 N.E. 29th Avenue Gainesville, Florida 32609

ARTICLE V INCORPORATOR(S)

The name and address of the incorporator to these Articles of Incorporation are:

Ms. Robin Dreuneigh Warren~President 5507 N.E. 29<sup>th</sup> Avenue

Gainesville, Florida32609

Signature/Incorporator

Vontrell O. Mitchell-Secretary 5507 N.E. 29th Avenue Gainesville, Florida 32609

{An additional article must be added if an effective date is requested}

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date