

TRANSMITTAL LETTER

P01000062413

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

W.P.H. WORLD OF PRODUCTS, INC.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004435526--5
-06/21/01--01082--008
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

DONNA SACCO

FROM:

Name (Printed or typed)

5400 S. UNIVERSITY DRIVE, #403

Address

DAVIE, FLORIDA 33328

City, State & Zip

(954) 680-4818

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 JUN 21 PM 1:26

FILED

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

T. Burch JUN 22 2001

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Incorporation
of
W.P.H. WORLD OF PRODUCTS, INC.

ARTICLE I. NAME

The name of the Corporation shall be: W.P.H. WORLD OF PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9490 PALM CIRCLE SOUTH
PEMBROKE PINES, FL 33025

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NORMAN WILLIAMS
9490 PALM CIRCLE SOUTH
PEMBROKE PINES, FLORIDA 33025

ARTICLE V INCORPORATOR

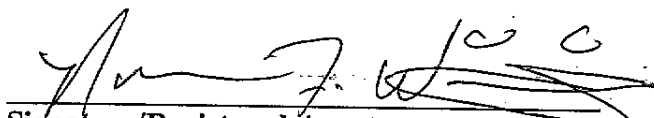
The name and address of the incorporator to these articles are: DONNA SACCO, C/O
5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.


Signature/Incorporator

6-19-2001
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services 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 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

6-19-01
Date