P01000078882

TRANSMITTAL LETTER

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

SUBJECT: Herbs Of Life Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

000004519650--8
-08/06/01--01102--023
*****78.75 *****78.75

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

FROM: Lisa Haley
Name (Printed or typed)

P.O Box 1034
Address

Valrico, FL 33595
City, State & Zip

(813)654-8983
Daytime Telephone number

FILED
01 AUG -6 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Signature

Signature

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Herbs of Life, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

212 S. St. Cloud Ave Valrico, Fl 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Herbs distribution and literature regarding different herbs.

ARTICLE IV SHARES

The number of shares of stock is:

50,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

REBA HALEY
212 S St Cloud Ave
Valrico FL 33594

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

REBA HALEY 212 S. St. Cloud Ave. Val Fl 33594

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Reba Haley
Signature/Registered Agent

7/31/07
Date

Reba Haley
Signature/Incorporator

7/31/07
Date