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TRANSMITTAL LETTER

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-08/09/01--01055--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

DIABLE EN DEUIL BOTANICA, INC.

SUBJECT: \_\_\_\_\_  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$\_\_\_\_78.75\_\_\_\_.

FROM:

~~NASON~~ THEOR

\_\_\_\_\_  
Name (printed or typed)  
8009 NE 2ND AVENUE

\_\_\_\_\_  
Address  
MIAMI FL 33138

\_\_\_\_\_  
City, State, & Zip  
305 757-9666  
( )

\_\_\_\_\_  
Telephone Number

FILED  
01 AUG -9 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

(C)

8/14

ARTICLES OF INCORPORATION

OF

DIABLE EN DEUIL BOTANICA, INC.

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

01 AUG -9 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLE I NAME

The name of the corporation shall be:

DIABLE EN DEUIL BOTANICA, INC.

ARTICLE II PRINCIPAL OFFICE

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

8009 NE 2ND AVENUE  
MIAMI FL 33138

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

~~WILSON~~ NASON  
THEOR  
8009 NE 2ND AVENUE  
MIAMI FL 33138

ARTICLE V INCORPORATOR(S)  
-----

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

~~Nelson~~ THEOR  
8009 NE 2ND AVENUE  
MIAMI FL 33138

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this SEVENTH day of AUGUST, 20 01.

x Theor Nason  
Signature N. THEOR

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION  
-----  
REGISTERED AGENT/REGISTERED OFFICE  
-----

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

DIABLE EN DEUIL BOTANICA, INC.  
-----

2. The name and address of the registered agent and office is: \_\_\_\_\_

NASON ~~THEOR~~ THEOR

-----  
(NAME)

8009 NE 2ND AVENUE

-----  
(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33138

-----  
(CITY/STATE/ZIP)

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01 AUG-9 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 x Theor Nason  
N. THEOR

8/7/01

DATE \_\_\_\_\_