Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 O1 SEP 13 AM 10: 56

SECKETAR OF STATE
TALLAHASSEE, FLORIDA

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NoniWellness Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUPEX)

Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	i a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	Nicholas R. Fanella		
	Name (Printed or typed) 434 tanglewood Drive		
	Fort Walton Beach, FL 32547		
	City, State & Zip		
	850-862-7131		
	Douting Telephone sumber		

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

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

NoniWellness Inc.

ARTICLE II PRINCIPAL OFFICE

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

434 Tanglewood Drive Fort Walton Beach, FL 32547

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares

ARTICLE IV INITIAL OFFICERS

Martin Kruse, President Sivarsbacken 806 S-792 96 Vamhus Sweden

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Nicholas R. Fanella

434 Tanglewood Drive Fort Walton Beach, FL 32547

ARTICLE V INCORPORATOR

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

Nicholas R. Fanella 434 Tanglewood Drive Fort Walton Beach, FL 32547

Signature/Incorporator

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

Signature/Registered Agent