

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

## FLORIDA PROFIT CORPORATION OR P.A.

GREEN MOON NATURAL HEALTH & SPA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
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OF

#### GREEN MOON NATURAL HEALTH & SPA, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

### GREEN MOON NATURAL HEALTH & SPA, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate

name:

GREEN MOON NATURAL HEALTH & SPA, INC.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL. 33155 305-4859300 H010001036846

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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JUAN CARLOS RAMIREZ 13280 SW 143 TE MIAMI, FL 33186

The principal office shall be:

13280 SW 143 TE MIAMI, FL 33186

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The initial Board of Directors shall consist of a total of **ONE** (1) person, and the name and address of the person who are to serve as initial directors are:

JUAN CARLOS RAMIREZ 13280 SW 143 TE MIAMI, FL 33186

**PRESIDENT** 

The name and address of the incorporator executing these Articles of Incorporation is:

JUAN CARLOS RAMIREZ 13280 SW 143 TE MIAMI, FL 33186

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 01 day of OCTOBER, 2001

JUAN CARLOS RAMIREZ

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# HOIOOO/03684 6 CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

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

1. The Name of the corporation is:

# GREEN MOON NATURAL HEALTH & SPA, INC

2. The Name and Address of the registered agent and office is

JUAN CARLOS RAMIREZ 13280 SW 143 TE MIAMI, FL 33186

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

**SIGNATURE** 

Dated: OCTOBER 1, 2007

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