

Florida Department of State Division of Corporations

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To: Division of Corporations Fax Number : (350)205-0381 From: Account Name : EMFIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

NATURE'S WAY FARMS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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,

ARTICLE I The name of the corporation shall be:

NATURE'S WAY FARMS, INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

22300 SW 252 STREET HOMESTEAD FL 33031

ARTICLE III SHARES

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> **JAVIER GRASS** 22300 SW 252 STREET HOMESTEAD FL 33031

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ARTICLE V INCORPORATOR(S)

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

JAVIER GRASS 22300 SW 252 STREET HOMESTEAD FL 33031

ARTICLE VI OFFICERS

PRESIDENT JAVIER GRASS 100%

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

S day of DECEMBER, 2001

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

Signature

Signature

Notarization is not required

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

NATURE'S WAY FARMS, INC

1. The name and address of the registered agent and office is:

JAVIER GRASS	DIVISI
NAME	DEC PRET
22300 SW 252 STREET	-6
(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)	AM II:
HOMESTEAD FL 33031	TE FIONS

(CITY/STATE/ZIP)

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 agree position as registered agent.

	12/05/2001
SIGNATURE	(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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