Partment of St. 200004926

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Subject	Arbanna International, Inc.	7.3	
Enclosed is	s an original and two (2) copies	of the articles of incorp	poration and a check for
		\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy

FROM:	Nellie Akalp	·
	30141 Agoura Road, Suite 205	
	Agoura Hills, California 91301	

(ADDT'L COPY REQ'D)

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& Certificate

(ADDT'L COPY REQ'D)

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SECRETARY OF STATE
TALL A HASSEF FLORID

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

101-15-02

ARTICLES OF INCORPORATION OF

Arbanna International, Inc.

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: Arbanna International, Inc.

ARTICLE II PRINCIPAL OFFICE

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

16850 South Glades Drive Unit 8H North Miami Beach, Florida 33162

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$1.00 par value per share.

ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Carol Haefner 16850 South Glades Drive North Miami Beach, Florida 33162

<u>ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

Carol Haefner 1509 NW 82 Avenue Miami, Florida 33126

ARTICLE VI INCORPORATOR

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

Nellie Akalp 30141 Agoura Road, Suite 205 Agoura Hills, California 91301

Nellie Akalp, 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 registered agent.

Carof Haciner, Registered Agent

Date

02 JAN 10 PH 2: 23
SECRETARY OF STATE
TALLAHASSEE FLORIDA