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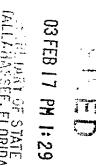
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TRANSMITTAL LETTER

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

SUBJECT: Nature Scapes, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00	\$78.75	□ \$78.75	□ \$87.50		
Filing Fee		Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL COPY REQUIRED			
FROM: Lisa M. Tenpleton Name (Printed or typed)					
P.O. Box 8036 Address					
Address					
The Toland Fl 32001					
Flexing Island FL 32006 City, State & Zip					
(mark) and a mark					
(90 4) 264-7997 Daytime Telephone number					
Daytime Telephone number					

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	LED
The name of the corporation shall be:	
Norture Scapes, Inc.	03 FEB 17 PM 1:29
·	JEUKETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P.O. Box 8036	
Flering Island, FL 32006	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
For Profit -> to sell merchandisa	
ARTICLE IV SHARES	
The number of shares of stock is: 2	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Lisa M. Templeton, President P.O. Box 8636 Flening Island, FL 32006	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
Lisa M. Tenfleton 5720 Pine Avenue Flering Island, FL 32003	
Floring Tolord To 32003	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Lisa m Templetor P.O. Box 8036	
Lisa M. Teapleton Flering Island,	FL 32006

Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
Lisa Dr. Frankletor	2/10/03
Signature/Registered Agent	Date
Lya Dr Jenpletoz	2/10/03
Signature/Incorporator	Date