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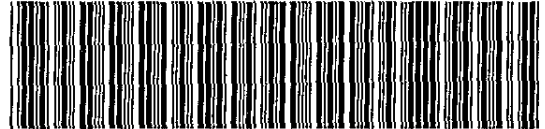
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 10 AM 8:07

# John J. Anastasio

Counselor-At-Law

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Member FL \*, NJ and PA Bars  
\*Active

If we could read the secret history of our  
enemies, we should find in each man's  
life sorrow and suffering enough to disarm  
all hostility.

- Longfellow

March 19, 2002

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE:

Ladies and Gentlemen:

Enclosed are an original and one (1) copy of the articles of incorporation  
and a check for \$122.50 for the subject corporation.

Please return a copy to me in the envelope provided.

Very truly yours,

John J. Anastasio

JJA/lb  
Enclosures

# Articles of Incorporation

The undersigned incorporators, for the purpose of forming a Corporation under the Florida Business Corporation Act adopts the following Articles of Incorporation.

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE  
03 JUN 10 4:07 PM

## ARTICLE I - NAME

The name of the corporation shall be: FLORIDA ORGANIC  
HOME DELIVERY COMPANY

## ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5327 N.W. MILLER DR.  
PORT ST. LUCIE FLORIDA 34983

## ARTICLE III- DURATION

This Corporation shall exist perpetually from the earliest date prior to the filing of these Articles of Incorporation allowed by law.

## ARTICLE IV - PURPOSE

This corporation is organized for the purpose of conducting any and all lawful business pursuits.

## ARTICLE V - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1000) at One Dollar (\$1.00) value

non-assessable stock.

## ARTICLE VI - AMENDMENTS

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto and any right conferred upon the shareholders is subject to this reservation.

## ARTICLE VII- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: *RICHARD E. NOBLE*  
*5327 N.W. MILNER DR.*  
*PORT ST. LUCIE FL 34983*

## ARTICLE VIII- INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation is (are):

, President *RICHARD NOBLE 5327 N.W. MILNER DR. PSL FL. 34983*  
, Treasurer *RICHARD NOBLE 5327 N.W. MILNER DR. PSL FL. 34983*  
, Secretary *GARY HYATT: 319 FAIRWAY AVE. PSL FL. 34983*

## ARTICLE IX- INDEMNIFICATION

The corporation shall indemnify any person as recited in Section 607.014 Florida Statute to the full extent permitted by law.

In ~~Witness~~ Whereof, the undersigned incorporators has executed these Articles of Incorporation this     day of     , 199 .

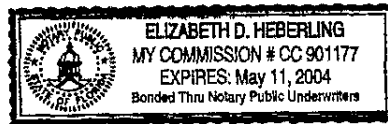
State Of Florida  
County Of St. Lucie

BEFORE ME, a Notary Public, personally appeared Richard Noble, who after being duly sworn, acknowledged that he/she executed the foregoing Articles of Incorporation for the purposes therein expressed. An oath was not taken. The incorporator is personally known to me or has provided the following identification:

WITNESS my hand and seal this 8<sup>th</sup> day of May, 199 2002

Elizabeth Heberling  
Notary Public

Elizabeth D. Heberling



**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.

1. The name of the corporation is: FLORIDA ORGANIC
2. The name and address of the registered agent and office is:  
HOME DELIVERY COMPANY  
RICHARD NORLIE  
5327 N.W. MILNER DR.  
PORT ST. LUCIE FL 34983

*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*

*[Signature]*

Dated: 5/18/02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 10 AM 8:07