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SECRETARY OF STATE
TALLAHASSEE FLORIDA





321 N.W. 3RD AVENUE • OCALA, FLORIDA 34475 • TELEPHONE 352-732-4500 • FAX 352-351-3859

September 25, 2003

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: PRIMA NATURALS, INC.

Dear Sirs:

Please find enclosed the original and one copy of the proposed Charter for the above referenced corporation (including designation of Resident Agent) together with a check payable to your order in the amount of \$78.75 to cover the following:

Filing fee for Charter	\$ 35.00
Certified copy of Charter	8.75
Filing fee for Certificate of Registered Agent	35.00

TOTAL: \$ 78.75

Please return the certified copy of the Charter to me.

Thank you for your cooperation in this matter.

Sincerely yours,

Michael J. Cooper

MJC/slw

Enclosures

xc: Mr. and Mrs. Hector Viale F:\Sherri\CORPORAT\CLIENTS\prima.nat.wpd\SLW

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## ARTICLES OF INCORPORATION OF PRIMA NATURALS, INC.

03 SEP 30 AM 9: 56 SECRETARY OF STATE

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation is <u>Prima Naturals</u>. <u>Inc.</u> with a principal office and mailing address of <u>2140-400B NE 36<sup>th</sup> Avenue</u>. <u>Ocala</u>, <u>FL 34470</u>.

#### ARTICLE II - COMMENCEMENT AND DURATION

The duration of the corporation is perpetual. The date and time of the commencement of corporate existence is the time of filing of the Articles of Incorporation by the Department of State of the State of Florida.

#### ARTICLE III - PURPOSE

The general purposes for which the corporation is organized are to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act.

#### ARTICLE IV - CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is Seven Thousand Five Hundred (7,500) shares. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

#### ARTICLE V - REGISTERED OFFICE

The street address of the initial principal office and registered office of the corporation is: 321 NW Third Avenue. Ocala, FL 34475. The name of its initial Registered Agent is <u>Michael J. Cooper</u>.

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws. The name and address of the initial director(s) is/are:

HECTOR VIALE, 5060 NE 115th Court, Silver Springs, FL CELESTE VIALE, 5060 NE 115th Court, Silver Springs, FL

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

HECTOR VIALE, 5060 NE 115th Court, Silver Springs, FL

### BECKETARY OF STATE LLAHASSEE FLYRIDA

#### ARTICLE VIII

This corporation is a small business corporation within the meaning of Section 1244 of the Internal Revenue Code and as soon as is practicable this corporation shall adopt a Section 1244 offering plan.

#### ARTICLE IX - PRE-EMPTIVE RIGHTS

The shareholder(s) may adopt, by written agreement, a plan providing for pre-emptive rights as to the issuance, sale or transfer of any stock. If such agreement exists there shall be printed on the face of all stock in a legible manner proper words to notify any holder, buyer or transferee thereof of such agreement.

EXECUTED by the undersigned person at Ocala, Marion County, Florida, on this the C

of <u>September</u>2003.

HÉCTOR VIALE, Incorporator

I, <u>MICHAEL J. COOPER</u>, accept the office of Registered Agent. I am located at <u>321</u> NW Third Avenue. Ocala, FL 34475, the registered office of this corporation.

MICHAEL J. COOPER, Registered Agent

### STATE OF FLORIDA COUNTY OF MARION

The foregoing instrument was sworn to and acknowled	and hatana ma this and flav of
Septente, 2003 by <u>HECTOR VIALE</u> , as Incompany	porator, who:
A) is/are personally known to me Of	<b>S</b>
A) is/are personally known to me <u>Ol</u> who has/have produced a driver	s license <u>OR</u>
other identification:	
B) \( \did \frac{QR}{QR} \) did not take an oat	h.
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Signature of Notary Public	1 3 000 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Print Name: ROBIN R. WHITE	8 #CC870451 S
STATE OF FLORIDA	To Consider this control of the cont
COUNTY OF MARION	MANUALIO, STATEMENT
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The foregoing instrument was sworn to and acknowled Links 2003 by MICHAEL J. COOPER, a	lged before me this day of s Depistered Agent who:
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A) is/are personally known to me Q	<u>R</u>
who has/have produced a driver	's license <u>OR</u>
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