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CORPORATION NAME(S) & DO	CUMENT NUMBER(S) (if known):		
1. ARIDENALURA	LDESIGN, INC.		
(Corporation Name)	(Document #)		
2. <u>(Corporation Name)</u>	(Document #)		
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(Corporation Name) 4.	(Document #)		
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
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Examiner's Initials

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ARTICLES OF INCORPATION

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03 NOV 17 PH 4: 20 SECRETARY OF STATI TALLAHASSEE FLORID

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 - NAME

The name of the corporation shall be: Art of Natural Design, Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 1 Curtiss Parkway #5 Miami Springs, FL 33166

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

<u>ARTICLES IV – INITIAL REGISTERED AGENT AND</u> STREET ADDRESS

The name and address of the initial registered agent is: Laura Zayas 1 Curtiss Parkway #5 Miami Springs, FL 33166

ARTICLE V – INCORPORATOR

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

Laura Zayas and Timothy Schaffer 1 Curtiss Parkway #5 Miami Springs, FL 33166

The undersigned incorporator has executed these Articles of Incorporation this <u>14th</u> day of <u>November 2003</u>. (1, 1)

ARTICLE VI – DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): \overrightarrow{r}

Timothy Schaffer - President Laura Zayas - Vice President 1 Curtiss Parkway #5 Miami Springs, FL 33166

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent

X(UIMI) ZI Ma -Registered Agent Signature