

P030001 40585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

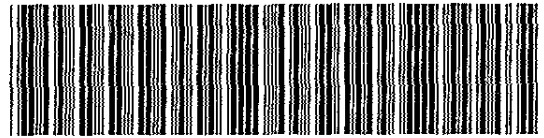
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS
2/1/03

TRANSMITTAL LETTER

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

SUBJECT: Frenchtop Natural Care Products Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Donna Sneed
Name (Printed or typed)

330 Carswell Ave
Address

Daytona Beach, Florida 32117
City, State & Zip

386-239-8787
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

The name of the corporation shall be:

FRENCHTOP NATURAL CARE PRODUCTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

330 Casswell Ave, Daytona Beach, Florida 32117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing & Distribution of Hair Care Products

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

C. P. JONGENS Owner - D
Roy JONGENS SALES ID

ARTICLE VI REGISTERED AGENT

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

Ms Donna Sneed
330 Casswell Ave
Daytona Beach, FL 32117

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

FRENCHTOP HOLDING BV,
Westerboekel weg 28
1718 MK Hoogwoud

FRENCHTOP HOLDING
WESTERBOEKEL WEG 28.
1718 MK HOOGWOUD

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Donna Sneed
Signature/Registered Agent

9/29/03
Date

[Signature]
Signature of Incorporator

9/30/03
Date



Frenchtop
Natural Care Products BV
Westerboekelweg 28
1718 MK Hoogwoud
The Netherlands