

P04000033985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

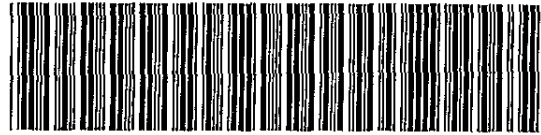
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 18 PM 4:03

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TRANSMITTAL LETTER

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

SUBJECT: Amazon Herbs 4u, 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: KATHY DEDEK
Name (Printed or typed)

7550 SW 4th ST
Address

Plantation, FL 33317
City, State & Zip

954-584-3559 / 644-2662
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: *Amazon Herbs 4U, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
7550 SW 4 ST, Plantation, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Distribute herbal products

ARTICLE IV SHARES

The number of shares of stock is: *1000*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
*KATHY ORR DEDEK, President
7550 SW 4ST Plantation FL 33317
William DEDEK, Vice President
7550 SW 4ST Plantation, FL 33317*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: *Kathy Orr Dedek
7550 SW 4th St
Plantation, FL 33317*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
*KATHY ORR DEDEK
7550 SW 4 ST, Plantation, FL 33317*

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

Kathy Orr Dedek

Signature/Registered Agent

2/19/04

Date

Kathy Orr Dedek

Signature/Incorporator

2/19/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA