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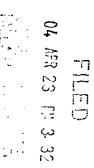
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: NAT	FURAL HEALTH OPTIONS,	INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: _N	MARIO G. SABORIO			
	Name	e (Printed or typed)		
	850 IVES DAIRY ROAD 1	Г-18		
		Address		
NORTH MIAMI BEACH, FL 33179				
	City	, State & Zip		
	(305) 770-2221			
	Daytime '	l'elephone 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: NATURAL HEALTH OPTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 850 IVES DAIRY ROAD, NORTH MIAMI BEACH, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE NATURAL HEALTH PRODUCTS TO CUSTOMERS AND CONDUCT ANY OTHER LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIO G. SABORIO, 850 IVES DAIRY ROAD, NORTH MIAMI BEACH, FL 33179 - PRESIDENT MARIA SABORIO, 850 IVES DAIRY ROAD, NORTH MIAMI BEACH, FL 33179 - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

MARIO G. SABORIO, 850 IVES DAIRY ROAD, NORTH MIAMI BEACH, FL 33179

ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		
MARIO G. SABOR	RIO, 850 IVES DAIRY ROAD, NO	RTH MIAMI BEACH, FL 33179	
*****	********	**********	******
Having been named a certificate, I am famili	ns registered agent to accept service iar with and accept the appointment	of process for the above stated corpo as registered agent and agree to act i	oration at the place designated in this n this capacity
//	Jabour		04/17/04
Signatur	re/Registered Agent		Date
	Motors		04(17/04
Signatu	re/Incorporator		Date