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Special Instructions to F	iling Officer:	





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LUNE LAKE OF STATE ALL AHASSEE, FLORIDA

3/6-05

### TRANSMITTAL LETTER

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

SUBJECT: TropaF	ora inc. (PROPOSED CORPORA	TE NAME — MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	<b>□</b> \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i ming i oo	& Certificate of Status	& Certified Copy	Certified Copy
		**	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Ric	chard M. Slaybaugh Jr. Namo	e (Printed or typed)	····
	20321 SW 316th Street	Address	
		Address	
	Homestead, FL 33030		· =
	City	, State & Zip	
	305-772-7290		
	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:

TropaFlora Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 20321 SW 316th Street Homestead. FL 33030

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal business.

#### ARTICLE IV SHARES

The number of shares of stock is: 1.000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard M. Slaybaugh Jr., 20321 SW 316th Street, Homestead, FL 33030 CEO, President Jaclyn D. Slaybaugh, 20321 SW 316th Street, Homestead, FL 33030 CFO, Vice President

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Richard M. Slaybaugh Jr. 20321 SW 316th Street Homestead, FL 33030

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard M. Slaybaugh Jr. 20321 SW 316th Street Homestead, FL 33030

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

Signature/Registered Agent

Signature/Incorporator

March 5, 2005

March 5, 2005

Date

SMAR -8 PH 1: 48 ECRETARY OF STATE ALLAHASSEE, FLORID