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2006 JUN -5 AM 7: 53
SECRETARY OF STATE

T. Burch JUN 7 2008

COVER LETTER

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

SUBJECT:	Sazona La Vic (PROPOSED CORPORA)	la Herb Nu TENAME-MUSTINCL	rsery Inc ude suppix
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee	_	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Moise's A. Moy		
	Belle Glade City,	nuui css	30
	561- 902-75	Clephone number	

NOTE: Please provide the original and one copy of the articles.

2006 JUN -5 AM 7:

ARTICLE OF INCORPORATION OF

Sazona La Vida Herb Nursery, Inc.

We, the undersigned, for the purpose of forming a corporation under the laws of the State of Florida as the same may from time to time exist, hereby certify as follows:

ARTICLE 1. NAME

The name of this Corporation is Sazona La Vida Herb Nursery, Inc.

ARTICLE 11. PRINCIPAL OFFICE

a) The initial physical street address of the office of this Corporation in the State of Florida is 632 S.E. 9th Street
Belle Glade, Florida 33430

 b) The mailing address of this Corporation is 632 S. E. 9th Street Belle Glade, Florida 33430

ARTICLE 111. NATURE OF BUSINESS

The general nature of the business to be conducted by this Corporation, together with its powers and purposes are as Follows, to — wit:

- a) The growing of herbal plants
- b) Sale of herbal products
- c) Growing Trees & Shubries

ARTICLE 1V. DIRECTORS

The affairs of this corporation shall be managed by its Stockholders and Directors in the manner provided by the by-laws and in conformance with applicable Florida Statutes

ARTICLE V1. CAPITAL STOCK

1. The number of shares of capital stock of this Corporation is 100 shares and the stated or par value of each share of these common shares of stock shall be Five Dollar (\$5.00).

ARTICLE V. SUBSCRIBERS

1. The name and address of the subscribers of these Articles of Incorporation, the number of shares of stocks, and the value of the consideration thereof is:

Name Address			No of Shares	Value per Share
1.	Moises A Moales	632 S.E. 9 th Street Belle Glade Florida 33430	50	\$5
2.	Minerva Morales	632 S.E. 9 th Street Belle Glade Florida, 33430	50	\$5

ARTICLE V1. REGISTERED AGENT

3. The Registered Agent of this Corporation is
Moises A Morales
632 S.E. 9th Street
Belle Glade, Florida 33430

ARTICLE V11. INCORPORATOR
The name and address of the Incorporators is:
 Moises A. & Minerva Morales
 632 S.E. 9th Street
Belle Glade, Florida 33430

ARTICLE V111. MISCELLANEOUS

- a) These Articles of Incorporation may be amended in the manner provided by the by-laws and in accordance with the provisions of the applicable state laws.
- b) The corporation is to exist perpetually.

In consent to the terms and conditions above, We have hereto set our hands and seal this day of June, 2006.

Moises A. Morales
President

Minerva Morales
V. P. -Secretary

STATE OF FLORIDA) COUNTY OF PALM BEACH)

Before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared before me Moises A. & Minerva Morales, the persons described as Officers in and who executed the foregoing Articles of Incorporation and acknowledged before me that they executed and subscribed to these Articles of Incorporation dated day of June 2006.

To not

Notary Public State of Florida Minnie Davis My Commission DD435020 Expires 06/25/2009

(NOTARY SEAL)

Notary Public State Of Florida.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

2. The name and address of the registered agent and office is: Moises A. Morales (NAME) (NAME) (ORAME) (P.O. BOX NOT ACCEPTABLE) Belle Glade, Florida 33430 (CITY/STATE/ZIP) SIGNATURE Corporate officer) TITLE DATE DATE DATE LIMIT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE	1.	The name of the corporation is: Sazona La Vida Herb Nursery, Inc.
Moises A. Morales (NAME) (NAME) (SIZ S.E. 9th Street (P.O. BOX NOI ACCEPTABLE) (P.O. BOX NOI ACCEPTABLE) (P.O. BOX NOI ACCEPTABLE) (CITY/STATE/ZIP) SIGNATURE (Corporate officer) TITLE DATE (COPORATE OF THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CEPTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE	2	The name and address of the registered agent and office is:
(P.O. BOX NOT ACCEPTABLE) Belle Glade, Florida 33430 (CITY/STATE/ZIP) SIGNATURE (Corporate officer) TITLE DATE DATE DATE DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. SIGNATURE	•	_
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TITLE DESIGNATION DATE 6-1-06 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.		(CITY/STATE/ZIP) STATE/ZIP
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		SIGNATURE 6-01-06

REGISTERED AGENT FILING FEE: \$35.00