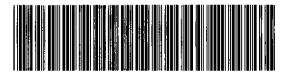
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP | WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies | Certificates of | of Status | | |
| | | | | |
| Special Instructions to Fili | na Officer | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

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

| SUBJECT: | NATURALLY WELL INC. | | | |
|----------------------------|--|-------------------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFIX) | |
| | | | gen ger en egen | |
| Enclosed are an orig | inal and one (1) copy of the art | icles 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 CO | PY REQUIRED | |
| FROM: | | e (Printed or typed) | Jacobs (1997) | |
| 6562 VIA REGINA #3 Address | | | | |
| | BOCA RATON, City, | | | |
| | 561-289-0083 | elephone number | | |
| | | | | |
| | sheilamcooperm | | | |
| | E-mail address: (to be use | d for future annual report i | notification) | |

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

法の性

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:

NATURALLY WELL INC.

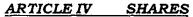
ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6562 VIA REGINA #3 BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
DEVELOP, PROMOTE & MARKET WELLNESS PRODUCTS.



The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHEILA M. COOPERMAN - PRES. & SECY.

6562 VIA REGINA #3

BOCA RATON, FL 33433

ARTICLE VI REGISTERED AGENT

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

SHEILA M. COOPERMAN

6562 VIA REGINA #3

BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SHEILA M. COOPERMAN

6562 VIA REGINA #3

BOCA RATON, FL 33433

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

Stelle M. Cooperman
Signature/Registered Agent

Signature/Indorporator

(a) 22 201

(b) 22 201

(c) 22 201

(d) 22 201

(e) 22 201

Date