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#### **COVER LETTER**

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

SUBJECT:	Ces Her		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )	
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: Chery/ Buch Jones  Name (Printed or typed)  9925 North Rad) 33 Po Box 784  Address			
Polle City Florida 33868 City, State & Zip			
,	gemsglAs	2-3609 (CEll) Selephone number  Selephone AOC, Com	
	E-mail address: (to be used	d for future annual report notification)	

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

#### February 1<sup>st</sup>,2011

Dear Ms. Dunlap:

I received your correspondence regarding the need of a physical address.

My physical address is on the corporation form

9925 N. Rd 33

Polk City, FI 33868

My mailing address is:

P.O. Box 784

Polk City, FI 33868

All is correct and in fact the envelope was mailed to the physical address which is a major highway.

Because of security reasons, the mailing address is to be used for mail correspondence.

I have resubmitted the forms

They are correct as stands. If it is not worded correctly please advise.

Thank you for your time

Sincerely,

Cheryl B. Jones

Thank you very much



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2011

CHERYL BUCH JONES

9925 NORTH BOAD 33

POLK CITY, FL 33868

₹**0** BOX 7844 > ←

SUBJECT: C & S HERBALS, INC. Ref. Number: W11000004975

We have received your document for C & S HERBALS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 311A00002241

## ARTICLES OF INCORPORATION OF

FILED
11 FEB-8 PM 2:55

C & S Herbals, Inc.

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned, in order to form a Corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

## ARTICLE I CORPORATE NAME

The name of the Corporation is C & S Herbals, Inc.

## ARTICLE II INITIAL OFFICE AND AGENT

The address of this Corporation's initial registered office and the name of its original registered agent whose Affidavit of Acceptance of Appointment is attached hereto, at such address is:

Physical Address: Cheryl Buch Jones

9925 North Road 33 Polk City, Florida 33868

Mailing Address: Cheryl Buch Jones

PO Box 784

Polk City, Florida 33868

The above physical address and mailing address are also the physical address and mailing address for the principle office of the corporation.

## ARTICLE III PURPOSES

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida's Corporation Code.

### ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 per value stock.

## ARTICLE V CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

### ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

#### ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors is:

Cheryl Buch Jones, 9925 North Road 33, PO Box 784, Polk City, Florida 33868

Charles Hall Jones, 9925 North Road 33, PO Box 784, Polk City, Florida 33868

## ARTICLE VIII INCORPORATORS

The names and addresses of the Incorporators are:

Cheryl Buch Jones 9925 North Road 33 PO Box 784 Polk City, Florida 33868

Charles Hall Jones 9925 North Road 33 PO Box 784 Polk City, Florida 33868

IN WITNESS WHEREOF, the	incorporators have hereunto set their hand this
INCORPORATORS:	
Cheryl Buch Jones	Charles Hall Jones  Charles Hall Jones
STATE OF FICHOLO :§ COUNTY OF POIK )	A PH 2:55
	, 201 , personally appeared before me instrument, who duly acknowledged to me the



Notary Public

212 N Commodural th Auc Residing At POIK CITY FC

<u>Apr 36.3013</u> My Commission Expires

## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, Cheryl Buch Jones, of 9925 North Road 33, PO Box 784, Polk City, Florida 33868, accept appointment as registered agent for and on behalf of C & S Herbals, Inc., Corporation and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

neryl Buch Jones, Registered Agent

Subscribed, sworn to and executed before me this 19 day of 1000, 2011 Buch, Registered Agent of CAS Herbals

