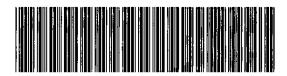
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	(Requestor's Name)				
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PICK-U	P WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	Mathis one				
AUTHORIZATION BY PHONE TO CORRECT WILLIE IN ILY III					
DATE 9/14/11					
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Office Use Only

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## **COVER LETTER**

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

SUBJECT: Best Kept Secret Ethnic & Herbal Inc.
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status  \$78.75 \$87.50 Filing Fee, & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
ADDITIONAL COPY REQUIRED
FROM: Sharde' R. Mathis  Name (Printed or typed)
7028 Prestwick Cir N. Address
Jacksonville FI 32244 City, State & Zip
305-414-4816  Daytime Telephone number
best Keptsecretethnicherbal@yahoo.com E-mail address: (to be used for future annual report notification)

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



September 13, 2011

SHARDE' R. MATHIS 7028 PRESTWICK CIR N. JACKSONVILLE, FL 32244

SUBJECT: BEST KEPT SECRET ETHNIC & HERBAL INC.

Ref. Number: W11000047129

We have received your document for BEST KEPT SECRET ETHNIC & HERBAL 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 111A00021152

Division of Compositions P.O. POV 6397 Tallahassas Florida 2991

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME Best Kept Secret Et	hnic & Herba	l Inc.
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
,	5414 Soutei Dr.	<u>.70</u> 2	28 Prestwick Cir N
<b>£</b> "	Jacksonville, Fl 32219	Jac	cksonville, FL 32244
<u></u>			
ARTICLE III	PURPOSE		TALLAHASSEE. FLORITE
	which the corporation is organized is:		THE SE TO
	c and herbal goods		
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			- T. O F.
ARTICLE IV	SHARES		6 <del>2</del>
	nares of stock is 8 /00		ALE O
	·		A P
YARTICLE V	INITIAL OFFICERS AND/OR DIREC		
	Title: Cleveland Dubose Jr. C.E.O	Name and	Title: Armale Dubose Vice President
Address:	7028 Prestwick Cir N	Address:	
	Jacksonville, Fl 32244	<del></del>	Jacksonville, FL 32244
<i>i</i> . ·	<del></del>	<del></del>	
Name and	Title: Cleveland Dubose JR COO	Name and	i Title:Sharde R. Mathis Treasure
Address:	7028 Prestwick Cir N	Address:	
**************************************	Jacksonville, FL 32244		Jacksonville, FL 32244
	mid Objects B. Mattie Bookson	27-	Tride Object to D. M. (Brie Object to a
- ALTONOMIC -	Title: Sharde R. Mathis President		Title:Sharde R. Mathis Secretary
Address:	7028 Prestwick Cir N		7028 Prestwick Cir N
	Jacksonville, FL 32244		Jacksonville, FL 32244
		<del></del>	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptab	ole) of the registere	ed agent is:
A e Name:	Sharde' R Mathis		
Address:	7028 Prestwick Cir N		
	Jacksonville, Fl 32244		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Cleveland Dubose Jr.		
Address:	7028 Prestwick Cir N		
	Jacksonville, Fl 32244		
Having been nan	nea as registered agent to accept service of pl am familiar with and accept the appointment a	rocess for the abo	ove stated corporation at the place designated in
inisicerificale, 11	um jaminar wiin ana accept the appointment t	is regisierea ageni	i and agree to aci in this capacity
	Q:D	O,	09/47/9044
		<del>-</del>	08/17/2011
	Required Signature/Registered Agent	ι	Date
li submit this doc	cument and affirm that the facts stated herei.	n are true. I am	aware that the false information submitted in a
	Department of State constitutes a third degree		
P SIA	11/1/ 11.		•
	WILL MALL !	*£0	08/17/2011
	Required Signature/Incorporator		Date