# P95000028526

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1905 N. Pr. 5th Avenue TAMPA, FLORIDA 33402 (813) 229-0900 ext. 1324 Telecopier (813) 229-3323

In reply address from at P.O. Box 800 Tumps, Florida 33601

### **EFFECTIVE DATE**

April 6, 1995

VIA FEDERAL EXPRESS
Corporate Record Bureau
Division of Corporations
Department of State
409 E. Gaines St.
Tallahassee, FL 32301

5.00001450975 -04/07/95--01087--009 -\*\*\*\*122.50

ATTN: Mrs. Jo Mynard, Supervisor, Charter Section

Re: Nature's Therapy, Inc.

Dear Ms. Mynard:

I enclose the original and one (1) copy of the executed Articles of Incorporation for Nature's Therapy, Inc. Please endorse your approval of the Articles on the duplicate provided and return it to me. Your attention is directed to Article Two of the Articles of Incorporation which could state a specific commencement date for this corporation. Please make sure your records indicate the correct effective date as indicated. Our check in the amount of \$122.50 is enclosed to cover the Registered Agent fee (\$35.00), the filing fee (\$35.00), and the certified copy fee (\$52.50). If you find any problems with the enclosed documents, or require additional information, or have any questions at all, please contact me at 813/229-0900 extensions 1306 or 1324 rather than return any of these documents.

Sincerely,

James M. Shuler

JMS/as

enclosures

Mynard.00/

14-12 1-12



#### ARTICLES OF INCORPORATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 APR -7 AM 9: 06

Nature's Therapy, Inc.

#### **ARTICLE ONE - NAME**

The name of this corporation is: Nature's Therapy, Inc.

#### **ARTICLE TWO - DURATION: EFFECTIVE DATE**

This corporation shall exist perpetually, commencing as of the date of execution of these Articles of Incorporation.

#### **ARTICLE THREE - PURPOSES**

This corporation may engage in any activity or business permitted under the laws of the United States of America and of this State.

#### **ARTICLE FOUR - CAPITAL STOCK**

This corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares of One Dollar (\$1.00) par value common stock.

#### **ARTICLE FIVE - PRINCIPAL OFFICE**

The principal office of this corporation is unknown, and the mailing address of this corporation is: c/o James M. Shuler, 1505 N. Florida Avenue, Tampa, Florida 33602.

#### ARTICLE SIX - REGISTERED OFFICE AND REGISTERED AGENT

The name of the initial Registered Agent of this corporation and the street address of the initial Registered Office is James M. Shuler, 1505 N. Florida Avenue, Tampa, Florida 33602.

#### ARTICLE SEVEN - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws, but shall never be less that one (1). The name and address of the initial director of this corporation is James M. Shuler, 1505 N. Florida Avenue, Tampa, Florida 33602.

#### ARTICLE EIGHT - INCORPORATOR

The name and address of the person signing these Articles of Incorporation is James M. Shuler, 1505 N. Florida Avenue, Tampa, Florida 33602.

#### ARTICLE NIME - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

#### **ARTICLE TEN - BYLAWS**

The initial Bylaws shall be adopted by the Board of Directors. The power to alter, amend, or repeal the Bylaws or adopt new Bylaws is vested in the Board of Directors, subject to repeal or change by action of the shareholders.

#### ARTICLE ELEVEN - INFORMAL SHAREHOLDER ACTION

The holders of outstanding shares of the voting stock of the corporation may act by written agreement without a meeting, as provided in Florida Statutes 607.0704.

IN WITNESS WHEREOF, the undersigned executes these Articles of Incorporation this day of April, 1995.

rhes M. Shuler, a Incorporator

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this day of April, 1995, by James M. Shuler, who is personally known to me or who has produced as identification.

Printed Name: \*\* \*\* CANCINE
Notary Public

My Commission Expires:

ACCEPTANCE AND ACKNOWLEDGEMENT

THE STATE OF THE S

I hereby accept to act as registered agent, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

James M. Shuler, as

Registered Agent