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TRANSMITTAL LETTER

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231	ons 4			FILET FILET
SUBJECT:	HERBPONIX, IN	c.		
0000001.	<u>्र</u> ा २			
Enclosed is an origin for : \$70.00 Filing Fee	tal and one (1) co XX \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check
FROM: MICHREL D. WALSH				
	· · · · · · · · · · · · · · · · · · ·	(printed or typed)		
	P.O. BOX	X 386		
Address				
		, FLORIDA 3387 y, State & Zip	7 -03	00001558497 8/11/9501056003 ****78.75 *****78.75
	813-439-	4689		
	Daytime	Telephone number		

E CHESSER AUG 1 4 1995,

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HERBPONIX, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: \(\delta \varphi \)

1331 CENTER ST.

WAVERLY, FLORIDA

33877

P.O. BOX 386

WAVERLY, FLORIDA

33877

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 000 000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL D. WALSH P.O. BOX 386 I33I CENTER ST. WAVERLY, FLORIDA

33877

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL D. WALSH 1331 CENTER STREET WAVERLY, FLOFIDA 33877

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this contains and the second of	1995 AUS 11 PM 3-02	FICE D
Signature		
Signature		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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.

1.	The name of the corporation is:	HERBPONIX, INC.	15 15 TH
2.	The name and address of the register	ered agent and office is:	100 mg
	MIC	HAFI. D. WALSH (NAME)	<u>्र</u> ्वित 2
		OI CENTER STREET or Mail Drop Box NOT ACCEPTABLE)	
		ERLY, FLORIDA, 33877 (CITY/STATE/Zir)	

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.

Mula D. Walde AUGUST 3rd 1995
(SIGNATURE) (DATE)