

P960000031749

TRANSMITTAL LETTER

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

2000001 77381 2
-04/09/96--01006--001
*****78.75 *****78.75

SUBJECT: NEW FRONTIERS IN SOL CURES INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 APR - 8 PM 2:32

FILED

FROM: John Nelson
Name (printed or typed)

6521 CONGRESS ST
Address

New Port Richey FL 34653
City, State & Zip

813-842-6809
Daytime Telephone number

AL APR 11 1995

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

ARTICLES OF INCORPORATION

FILED
96 APR -8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NEW FRONTIERS
IN SELF CURES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6521 CONGRESS ST
NEW PORT RICHEY FLA
34653

ARTICLE III SHARES

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

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John Nelson
6521 CONGRESS ST
NEW PORT RICHEY FLA
34653

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):

John Nelson President & SECRET-TRES
6521 COWBOY ST Director
New Port Richey
FLA 34653

CORPORATION TO PURCHASE, MANUFACTURE, SALE, WHOLE SALE
AND RETAIL ALL PUBLISHINGS AND SUPPLEMENTS PERTAINING
TO SELF CURES. CORPORATION TO OWN OR RENT, MACHINERY,
BUILDINGS, EQUIPMENT AND LAND NEEDED TO RAISE AND HARVEST
HERBS FOR HEALTH'S SAKE.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of APRIL, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: NEW FRONTIERS IN SELF CURES INC

2. The name and address of the registered agent and office is:

JOHN NELSON
(NAME)
6521 CONGRESS ST
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
NEWPORT RICHLI FLA 34653
(CITY/STATE/ZIP)

FILED
96 APR -8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

4-4-1996
(DATE)

P96000031749

Michael J. Kierzynski

CERTIFIED PUBLIC ACCOUNTANT, P.A.

5113 Commercial Way, Spring Hill, Florida 34606 • (352) 597-2800 • Fax (352) 596-2656

August 8, 1996

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

500001919835
-08/13/96--01031--009
*****35.00 *****35.00

Attention: Amendment Section

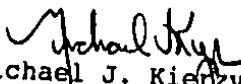
Re: New Frontiers In Self Cures, Inc.
Document #96000031749

Dear Sir or Madam:

Enclosed please find Amendment to Articles of Incorporation of New Frontiers In Self Cures, Inc., along with a check in the amount of \$35.00 for filing fees. Please process accordingly.

If you have any questions regarding the enclosures, please contact the undersigned.

Very truly yours,


Michael J. Kierzynski

MJK/mc
Enclosures
cc: Mr. John Nelson

FILED
95 AUG 12 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

31 8/14
NC

AMENDMENT TO
ARTICLES OF INCORPORATION
OF
NEW FRONTIERS IN SELF CURES, INC.

FILED
55 AUG 12 PM 5:04
TALLAHASSEE, FLORIDA

The undersigned Corporation hereby certifies the following:

1. The name of the Corporation is New Frontiers In Self Cures, Inc.
2. The Corporation was formed on April 8, 1996, upon the filing of Articles of Incorporation in the Office of the Secretary of State, where said Articles were assigned document number 96000031749.
3. In accordance with Florida Statute 607.181(3), all of the Shareholders and all of the Directors of the Corporation hereby declare it to be their intention that Article I of the Articles of Incorporation of New Frontiers In Self Cures, Inc., be and hereby is amended as follows:

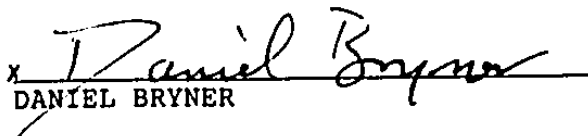
ARTICLE I: CORPORATE NAME

The name of this Corporation shall be New Frontiers In Self Care, Inc.


This amendment is adopted by the written agreement of all of the Shareholders and all of the Directors of the Corporation as evidenced by the signatures below and shall become effective upon the filing with the Florida Secretary of State and was adopted August 8, 1996.

SHAREHOLDERS:


JOHN NELSON

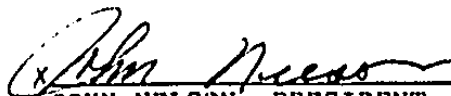
x 
DANIEL BRYNER

DIRECTORS:


JOHN NELSON

IN WITNESS WHEREOF, the undersigned have executed and signed these Articles of Amendment on behalf of the Corporation this 8th day of August, 1996.

NEW FRONTIERS IN SELF CURES, INC.



JOHN NELSON, PRESIDENT


JOHN NELSON, SECRETARY

STATE OF FLORIDA
COUNTY OF Hernando

BEFORE ME PERSONALLY APPEARED John Nelson TO ME
WELL KNOWN AND KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO
EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE
ME THAT HE/SHE EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN
EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS 8th DAY OF August,
1996.

Marybeth Conway
NOTARY PUBLIC, STATE OF FLORIDA
 MARYBETH CONWAY
MY COMMISSION # DC 220462
EXPIRES: October 24, 1998
Notarized This History Public Underwriting
PRINT, TYPE OR TYPE NAME OF
NOTARY PUBLIC

PERSONALLY KNOWN ✓ OR
TYPE OF IDENTIFICATION PRODUCED _____