

P96000032279
TRANSMITTAL LETTER

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

700001759781
-03/27/96--01002--008
*****78.75 *****70.75

SUBJECT: "SALUDMIEL" 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

FROM:

"SALUDMIEL" INC.
Name (printed or typed)

P.O. BOX 1016
Address

PLANT CITY FL 33564-1016
City, State & Zip

1(813) 872-6019
Daytime Telephone number

4/3/96
TB

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 3, 1996

ADELA RUBIO
POST OFFICE BOX 1016
PLANT CITY, FL 33564-1016

SUBJECT: SALUDMIEL, INC.
Ref. Number: W96000007142

We have received your document for SALUDMIEL, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please provide an English translation for the entity's name in your cover letter.

Please return 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 (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 196A00015202

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:

"SALUDMIEL" INC.
(ENGLISH TRANSLATION "HEALTHHONEY" INC.)

ARTICLE II PRINCIPAL OFFICE

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

3712 W. CASS ST. APT. 27, TAMPA, FL 33609 IS
THE PROVISIONAL PLACE OF BUSINESS.

THE MAILING ADDRESS OF THIS CORPORATION SHALL BE:
P.O. Box 1016, PLANT CITY, FLORIDA 33564-1016

ARTICLE III SHARES

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

500
FIVE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADELA RUBIO
5180 N.W. 7th Ave.
APT 708
MIAMI FLORIDA 33126

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):

RAFAEL ANTONIO RUBIO: 2120 DUFF Rd Lot 9/
MARTA RUBIO: ID ADDRESS, LAKE LAND FL 33809-0000
IRENE MIRANDA: 3710 W. CASS ST APT. 22
TAMPA FL 33609

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

20 day of MARCH, 19 96.

Rafael Rubio
Signature

Marta Rubio
Signature

Irene Miranda
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:

"SALUDMIEL" INC.

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

ADELA RUBIO
(NAME)

5180 N.W. 7TH ST APT 708
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI FLORIDA 33126
(CITY/STATE/ZIP)

FILED
25 APR 15 AM 7:02
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.

Adela Rubio

(SIGNATURE)

03-04-96
(DATE)