

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

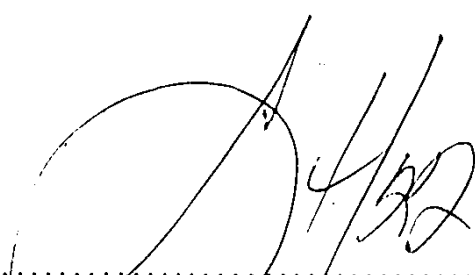
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_



REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4-22-97		
TIME	9:35		CK No. _____
BY	AK		

WALK-IN Will Pick Up \_\_\_\_\_

of \_\_\_\_\_  
 RE: 4 Seasons Health  
Food & Dry Goods, Inc

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File	100002150551	
UCC 11 Search	04/22/97--01048--077	
UCC 11 Retrieval	***122.50 ***122.50	
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( )	pgs.	
<b>SUBTOTALS</b>		

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	
BALANCE DUE.....	

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

**THANK YOU**  
 from  
 Your Capital Connection

97 APR 22 PM 1:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
4SEASONS HEALTH FOOD & DRY GOODS, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
97 APR 22 PM 1:17

**FILED**

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

**ARTICLE I: NAME**

The name of the corporation is: **4SEASONS HEALTH FOOD & DRY GOODS, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation is:

3211 Thames Way  
Miramar, Florida 33025

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred Thousand (100,000) shares having a par value of Ten Cents (\$.10) per share.

**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Scott R. Austin, Esq.  
HOUSTON & SHAHADY, P.A.  
100 N.E. Third Ave., Suite 850  
Fort Lauderdale, FL 33301

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Scott R. Austin, Houston & Shahady, P.A., 100 N.E. Third Avenue, Suite 850, Fort Lauderdale, FL 33301.

**ARTICLE VI: INITIAL BOARD OF DIRECTORS**

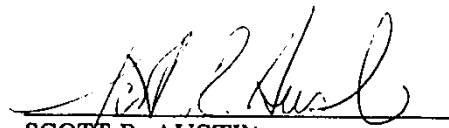
The name and address of each member of the initial Board of Directors and Officers of the corporation is:

Jennifer I. Jarrett - President, Secretary, Treasurer, Director  
3211 Thames Way  
Miramar, Florida 33025

**ARTICLE VII: SPECIAL PROVISION**

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation on this 21<sup>st</sup> day of April, 1997.

  
SCOTT R. AUSTIN

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

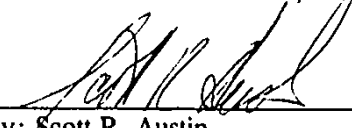
Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **4SEASONS HEALTH FOOD & DRY GOODS, INC.**
2. The name and address of the registered agent and office is :

Scott R. Austin, Esq.  
Houston & Shahady, P.A.  
100 N.E. Third Ave., Suite 850  
Fort Lauderdale, FL 33301

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.

HOUSTON & SHAHADY, P.A.

  
By: Scott R. Austin

Date: 4-21-97

FILED  
97 APR 22 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA