P9700005803/

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

500002226686--4 -06/30/97--01124--005

SUBJECT:	Hawailan (Proposed co	Bo fanicals opporate name - must include	Inc.,	
Enclosed is an original at	nd one(1) copy of the article		····	7
Filing Fee	Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: _	Lisa N Name (P	ADDITIONAL CO	PY REQUIRED	_
_		40/14,000 d. FL. 33020 City, State & Zip		
_	City, State & Zip (954) 925 - 3606 / (954) 921 - 3301 Daytime Telephone number			97 JUN 3

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

97 JUN 30 PH 12: 57

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

Hawarian Botanicals Inc.

ARTICLE II PRINCIPAL OFFICE

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

620 5. 28 due Hollywood, FC. 33020

ARTICLE III SHARES

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

1,000, UCK.

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Lisa M. Blowing

(Same as properated)

INCORPORATOR L'Ollewood, Fl. 33.000 The name and address of the incorporator to these Articles of Incorporation are:

> Lisa M. Blowin 620 5. 28 ave

Holly100 8, F. 33020

Signature/Incorporator

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

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/Registered Agent