## P970000 80852-

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 **\$122.50** \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Arminda Alonso
Name (Printed or typed) 27562 Pinecrest Lane Bonita Speinss, Fla. 3435 AUTHORIZATION BY PHONE TO 2567, 621, 2550 27
W97-21027 The will send \$78.75 DATE DOC. EXAM NOTE: Please provide the original and one copy of the articles. EL REGISTER SEP 1 2 1997

## 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** Sister's Natural Food Market, Inc. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

3300 Bonita beach Rd. Unit 143 Center of Bonita Plaza Bonita Springs, Fla. 34134

**ARTICLE III SHARES** 

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Arminda Alonso 27562 Pinecrest Lane Banita Spgs. Fla. 34135

## 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):

ARMINDA ALONSO 27562 PINECREST LANE BONITA SPRINGS, FL 34135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this		
8 day of September, 1997.		
(An additional article must be added if an effective date is requested.)		
· Aminda Alonso		
Signature		
Signature		

Notarization is not required

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 SISTERS NATURAL FOOD Marke	+, Inc.
	3300 Bonita beach Rd. Unit 143	B. 5. Fla;
2.	The name and address of the registered agent and office is:	34134
	Arminda Alonso - (NAME)	97 SER SECRE
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	HASSEE.
	Bonita Springs Fla. 34/35 (CITY/STATE/ZIP)	9: 32 9: 32 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.

aminda Mouso 9/8/97
(SIONATURE) (DATE)