

P97000087300

September 15, 1997

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

300002314773--6  
-10/08/97--01040--009  
\*\*\*\*122.50 \*\*\*\*122.50

Re: MAUGY BOTANICA, INC.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours

*Nixsa Daisy Ponce*

Nixsa Daisy Ponce

Maugy Botanica, Inc.  
1652 SW 8St  
Miami, FL 33135  
Phone: (305) 649 6632

MAILING ADDRESS:

2101 SW 16 St  
Miami, Florida 33145

FILED  
97 OCT -8 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/9/97  
*[Signature]*

## ARTICLES OF INCORPORATION

of

MAUGY BOTANICA, INC.

(name of corporation)

FILED

97 OCT -8 PM 1:40

SECRET  
STATE  
TALLAHASSEE, FLORIDA

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

MAUGY BOTANICA, INC.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

### ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
1652 SW 8 St.			
CITY	Miami	FLORIDA	ZIP 33135

Mailing address, if different

STREET ADDRESS			
2101 SW 16 St.			
CITY	Miami	FLORIDA	ZIP 33145

### ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	NOLAN DAVEY FOWE		
ADDRESS	1152 NW 127 St.		
CITY	North Miami	FLORIDA	ZIP 33168

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws; but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	NIXSA DAISY RONE		
ADDRESS	1152 NW 127 St.		
CITY	North Miami	STATE	Florida ZIP 33168
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	NIXSA DAISY RONE		
ADDRESS	1152 NW 127 St.		
CITY	North Miami	STATE	Florida ZIP 33168
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this fifteenth day of September, 1997.

Nixsa Daisy Rone (Signature)

\_\_\_\_ (Signature)

\_\_\_\_ (Signature)

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

97 OCT -8 PM 1:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAUGY BOTANICA, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1652 SW 8 St.  
Miami, Florida, 33135

has named NIXSA DAISSY PONCE

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

9/15/97  
(Date)