## P97000087877

Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32314

SUBJECT: THE WORLD OF NATURAL HEALTH, TWO

(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

S122.50 Filing Fee

☐ \$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: LUIS FERNANDO /ABORDA  Name (Printed or typed)			
	9175 RAMBLEWOUL	Dr #524	
1	CORAL SPRINGS FZ City, State & Zip	3307/ To 9	
2/mp/10/91	(9J4) 752 - 8459 Daytime Telephone number	97 OCT 10 SECRETAR FALLAHASS	
Du10.10	Dayume Telephone number	PH 4: SEE. FLO	
		RID O3	

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

## ARTICLES OF INCORPORATION

FILED 970CT 10 PH 4:03

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

maing been numed as registered agent and to decem service of proc	ess for the above stated corporation at the place designated in thi
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 per	formance of my duties, and I am familiar with and accept th
obligations of my position have giftered defini	1
obligations of my position has registered defini	10:07/97
Signature/Registered Algent	/ Date
Signature/Registered Agent	
12.1	