Your Ref.: W98000000673 Letter No.: 098A00001621

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

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Dear Sirs,

Thank you for your letter regarding the acceptance of registered agent.

We enclose a letter confirming that Mr. Hugh Morgan is familiar with and accepts the duties and responsibilities as the registered agent.

In respect of the contact numbers these are indicated below.

We now look forward to receiving confirmation that Homestead Health Products, Inc. has been filed under the laws of Florida.

Yours truly,

David Watkins

98 JAN 26 AM II: 47
SECKLIARY OF STATE
TALLAHASSEE, FLORIN

Articles of Incorporation of HOMESTEAD HEALTH PRODUCTS, INC.

I. Name

The name of the Corporation is Homestead Health Products, Inc., hereinafter referred to as the "Corporation."

II. Purposes

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

III. Principal Office and Registered Agent

The principal office of the Corporation is 5957 Essex Lane, Sarasota, Florida 34233. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is Hugh Morgan, 5957 Essex Lane, Sarasota, Florida 34233.

IV. <u>Duration</u>

The duration of the Corporation shall be perpetual.

V. Initial Business

The initial business of the Corporation shall be the supply and distribution of all types of products and services which will be provided in the state of Florida and other such states and countries that the shareholders may decide:

VI. Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 1000 (One thousand), each share to have a par value of \$1 (One).

VII. Incorporators

The names and mailing addresses of the incorporators are:

Incorporator Name

Incorporator Address

Hugh Morgan

David Watkins

3075 Courtland Street

8347 Cypress Hollow Drive

Sarasota

Sarasota

Florida 34237

Florida 34238

VIII. Directors

The number of directors constituting the initial Board of Directors of the Corporation is: 4 (Four). The names and addresses of the persons who are appointed to act as the initial directors of the Corporation are:

<u>Director Name</u>	Director Address
Hugh Morgan	3075 Courtland Street, Sarasota, Florida 34237
David Watkins	8347 Cypress Hollow Drive, Sarasota, Florida 34238
Bill Kollar	3705 East Bay Drive, #205. Holmes Beach 34217
David Jones	The Fountains at Boca Ciega Bay, 1255 Pasadena Avenue, St. Petersburg, Florida

IX. <u>No Personal Liability</u>

The private property of the stockholders shall not be subject to the payment of corporate debts.

X. Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI. Fiscal Year

The fiscal year of the Corporation shall be from January to December of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 25 day of November, 1997.

William of Man

Harid affores

State of Florida

County of Sarasota

BEFORE ME, the undersigned authority, on this day personally appeared William Kollar, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the Stay of



Notary Public in and for the

State of Florida

State of Florida

County of Sarasota

BEFORE ME, the undersigned authority, on this day personally appeared David Jones, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the day of

NOVERBER, 1947

DORIS RAEUFTLIN MY COMMISSION # CC 611372 EXPIRES: January 2, 2001

Notary Public in and for the

State of Florida

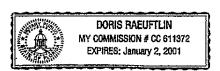
My Commission Expires: _>_>OO\

State of Florida

County of Sarasota

BEFORE ME, the undersigned authority, on this day personally appeared Hugh Morgan, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 5th day of 100 veriber, 1997.



Notary Public in and for the State of Florida

My Commission Expires: \- 2-2001

State of Florida

County of Sarasota

BEFORE ME, the undersigned authority, on this day personally appeared David Watkins, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the

WIRELDET, 1997

DORIS RAEUFTLIN MY COMMISSION # CC 611372 EXPIRES: January 2, 2001

Notary Public in and for the State of Florida

My Commission Expires: \-2-200\

Certificate of Designation of Registered Agent/Registered Office

The name of the corporation is Homestead Health Products, Inc.

The name and address of the registered agent and office is: Hugh Morgan

5957 Essex Lane Sarasota, FL 34233

Signature..

Title: President

Date: 01, 20, 98

Acceptance of Appointment as Registered Agent for

HOMESTEAD HEALTH PRODUCTS, INC.

Having been named to accept service of process for the above stated corporation, at the place designated in the corporation's Articles of Incorporation, 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.

Signature

Name:

Hugh Morgan

Title: Treasurer

98 JAN 26 AM II: 47
SECRETARY OF STATE
TALLAHASSEF, FLORIN