

3:31 PM

ELECTRONIC FILING COVER SHEET

(((H98000004613 9)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: INTERNATIONAL HOLISTIC NATURAL HEALTH ASSOCI

AUDIT NUMBER..... H98000004613

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 8 (C)

CERT. COPIES.....0

DEL.METHOD. FAX

BST.CHARGE.. \$70.00 NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE PAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

ENTER SELECTION AND <CR>:

** ENTER 'M' FOR MENU. **

Help F1 Option Menu F2 NUM Connect: 00:32:20

98 HAR TO AHTH: 39
SECRETARY OF STATE
SECRETARY OF STATE

(904)922-3709

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 10, 1998

.41

EMPIRE

SUBJECT: INTERNATIONAL HOLISTIC NATURAL HEALTH ASSOCIATION REF: W98000005234

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 487-6924.

Sharon Tala Document Specialist Supervisor FAX Aud. #: H98000004613 Letter Number: U98A00012833 (6)

H98000004613

ARTICLES OF INCORPORATION

<u>of</u>

INTERNATIONAL HOLISTIC NATURAL HEALTH ASSOCIATION CORP

H98000004613

INDEX	
ARTICLE	
NAME	1
ARTICLE II	
DURATION	1
ARTICLE III	
INCORPORATION	1
ARTICLE IV	
PURPOSE	1
ARTICLE V	
AUTHORIZED SHARES	1
ARTICLE VI	
INDEMNIFICATION OF DIRECTORS, OFFICERS AND OTHER AUTHORIZED REPRESENTATIVES	1
ARTICLE VII	
REGISTERED OFFICE AND AGENT	3
ARTICLE VIII	
INITIAL BOARD OF DIRECTORS	3
ARTICLE IX	
INCORPORATOR	4
ARTICLE X	
MAILING ADDRESS	4
Prepared by: Manuel M. Arvesu, Esq. (Fl. Bar #0525294) 2121 Ponce de Leon Boulevard, Suite 920 Coral Gables, Florida 33134 Telephone No.: (305) 442-7442	
H98000004613	

ARTICLES OF INCORPORATION

OF

INTERNATIONAL HOLISTIC NATURAL HEALTH ASSOCIATION CORP.

The undersigned incorporator hereby adopts these Articles of Incorporation for the formation of a corporation under Florida General Corporation Act.

ARTICLE I

NAME

The name of this corporation is INTERNATIONAL HOLISTIC NATURAL HEALTH ASSOCIATION CORP.

ARTICLE II

DURATION

The duration of the corporation shall be perpetual.

ARTICLE III

INCORPORATION

The existence of the corporation shall commence as of the time of the filing of these Articles of Incorporation with the Secretary of the State of Florida.

ARTICLE IV

PURPOSES

The general purpose for which the corporation is initially organized is:

1. To engage in such lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE V

2

H98000004613 AUTHORIZED SHARES

The aggregate number of shares of stock that this corporation is authorized to have outstanding at any one time is six hundred (600) shares of common stock each having no par value.

ARTICLE VI

INDEMNIFICATION OF DIRECTORS. OFFICERS AND OTHER AUTHORIZED REPRESENTATIVES

Section 1. Indemnification in Accordance with Bylaws. The Corporation shall indemnify its officers, Directors, employees and agents against liabilities, damages, settlements and expenses (including attorneys' fees) incurred in connection with the Corporations's affairs, and shall advance such expenses to any such officers, directors, employees and agents, to the full extent permitted by law, and as more particularly set forth in the Corporations's Bylaws. Such indemnification provisions of the Corporation's Bylaws may be enacted and modified from time to time by resolution of the Corporations's Board of Directors.

Section 2. <u>Effect of Modification</u>. Any repeal or modification of any provision of this Article by the shareholders of the Corporation shall not adversely affect any right to protection of a Director, officer, employee or agent of the Corporation existing at the time of the such repeal or modification.

Section 3. <u>Liability Insurance</u>. The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a Director, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a Director, officer, employee or agent to another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in any

H980000046 13 such capacity or arising out of his status as such, whether or not the Corporation would have the power to indemnify him against liability under the provision of this Article.

Section 4. No Rights of Subrogation. Indemnification hereunder and under the Bylaws shall be a personal right and the Corporation shall have no liability under this Article to any insurer or any person, corporation, partnership, association, trust or other entity (other than the heirs, executors or administrators of such person) by reason of subrogation, assignment or succession by any other means to the claim of any person to indemnification hereunder or under the Corporation's Bylaws.

ARTICLE VII

REGISTERED OFFICE AND AGENT

The initial street address of the registered office of this corporation in the State of Florida is 2121 Pouce de Leon Boulevard, Suite 920, Coral Gables, Florida 33134

The name of the initial registered agent at such address is MANUEL M. ARVESU, ESQ.

ARTICLE VIII

INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two (2) members.

The initial Director and their addresses are:

NAME

. }

Manuel Antonio Cordova, President

Martin Torres, Secretary

H98000004613

ADDRESS

c/o Manuel M. Arvesu, P.A. 2121 Ponce de Leon Blvd, Suite 920 Coral Gables, Florida 33134

c/o Manuel M. Arvesu, P.A. 2121 Ponce de Leon Blvd, Suite 920 Coral Gables, Florida 33134

ARTICLE IX INCORPORATOR

The name and street address of the incorporator is:

NAME

ADDRESS

Manuel M. Arvesu

2121 Ponce de Leon Blvd. Suite 920 Coral Gables, Florida 33134

<u>ARTICLE X</u> <u>MAILING ADDRESS</u>

The initial mailing address of the Corporation shall be:

c/o Manuel M. Arvesu, P.A. 2121 Ponce de Leon Boulevard, Suite 920 Coral Gables, Florida 33134

IN WITNESS WHEREOF, the undersigned has executed these Articles of

Incorporation this ____day of March, 1998.

MANUEL M. ARVESU

Incorporator

H98000004613

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the State Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is:

INTERNATIONAL HOLISTIC NATURAL HEALTH ASSOCIATION CORP

2. The name and address of the Registered Agent and Office is:

Manuel M. Arvesu, Esq.

2121 Ponce de Leon Boulevard

Suite 920

Coral Gables, Florida 33134

Manuel Antonio Cordova

Date 3/9/98

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.

Manuel M. Arvesu

H98000004613

3/9/98