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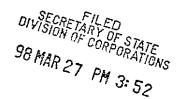
DIVISION OF CORPORATIONS

98 MAR 27 PH 3: 52

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

ECT:	Mundo Natural, Co (Proposed o	rp. corporate name - must include	e suffix)	_
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□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	I \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Bertha L. Mi	cklewright		
TROM:	Name (P	rinted or typed)		
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	Daytime T	elephone number	· · · · · · · · · · · · · · · · · · ·	

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Mundo Natural, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13430 S.W. 104 Terrace Miami, Fl. 33186

ARTICLE III SHARES

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

One Hundred (100) shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Bertha L. Micklewright 13430 S.W. 104 Terrace Miami, Fl. 33186

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Bertha L. Micklewright 13430 S.W. 104 Terrace Miami, Fl. 33186

Signature/Incorporator

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

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/Registered Agent

Date