POSODO 37749 FILED

98 APR 27 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Plant Spirit Medicinals (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$122.50 \$131.25 \$70.00 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: MaZebah laahn
Name (Printed or typed) 460 Ge Sunset Dr. 352 735 3592 Daytime Telephone number P. Hall 498

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

ARTICLES OF INCORPORATION

FILED APR 27 PM 12: 15

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

SECRETARY OF STATE TAILAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be: Plant Spirit Medicinals

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
460 Sunset Dr.

Mt. Dora. FL. 32757

P.O. Box 864

Mt. Dova

FL. 32756-0864

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

One Million Shaves

INITIAL REGISTERED AGENT AND STREET

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

MaZebah

Taahn

460 Sunset Mt. Dora

32757.

INCORPORATOR ARTICLE V

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

Mazebah

460 Sunset

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 abligations of my position as registered agent

Signature/Registered Agent

4-27-98