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LAZARUS CORPORATE FILING SI (Requestor's Name) 3320 S.W. 87th AVENUE (Address)	ERVICE, INC.	500	00025150 -05/07/980	135—15 Mag—noa
MIAMI, FLORIDA (305)552- (City, State, Zip) (Pho	-5973		-05/07/9801 *****78.75	******78.75
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Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

OF ...
NATURAL HEALING INC

a Florida corporation for profit

SERAN PH 3:40

PURSUANT TO the Florida General Corporation Act, the undersigned, being the incorporator or incorporators with respect to these Articles of Incorporation...state as follows:

1. NAME: The name of this corporation is:

NATURAL HEALING INC Office location-3854 S.W. 149 Place Miami, Fla 33185

- 2. COMMENCEMENT OF CORPORATE EXISTENCE: In accordance with F.S. 607.167, the date of corporate existence of this corporation shall be the date of subscription and acknowledgment of these Articles of Incorporation provided these Articles of Incorporation are filed by the Department of State within five (5) days, exclusive of legal holidays, after such date. Otherwise, the date of corporate existence shall be upon the filing of these Articles of Incorporation by the Department of State.
 - 3. DURATION: This corporation is to have perpetual existence.
- 4. PURPOSE: This corporation is organized for the purpose of transacting any or all lawful business.
- 5. CAPITAL STOCK: The aggregate number of shares which this corporation shall have the authority to issue shall be five (500) hundred shares One Dollar (\$1.00) par value common stock.
- 6. INITIAL REGISTERED OFFICE AND AGENT: The street address of the initial registered office of this corporation is:

3854 S.W. 149 Place Miami, Fla 33185

The name of the initial registered agent of this corporation at the address of the initial registered office is:

Samuel Roldan 3854 S.W. 149 Place

Miami, Fla 33185
7. INITIAL BOARD OF DIRECTORS: This corporation shall have not less than Two (A director initially. The number of directors may be either increased or diminished from time to time by the By-laws.

The name or names and address or addresses of the initial director or directors of the corporation is:

NAME

ADDRESS

Samuel Roldan (President) 3854 S.W. 149 Place Miami, Fla 33185 Zoraida Concepcion (Secretary) 3854 S.W. 149 Place Miami, Fla 33185

The name and address of the person or persons signing these INCORPORATOR: Articles is: **ADDRESS** MAME Samuel Roldan 3854 S.W. 149 Place Miami, Fla 33185 9. INDEMNIFICATION: The corporation shall indemnify any officer or director, to the fullest extent permitted by law. 10. BY-LAWS: The power to adopt, alter, amend or repeal By-Laws shall be vested in the shareholders and any By-law made by the shareholders shall not be altered, amended or repealed by the board of directors. 11. AMENDMENT: This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment hereto, and any right conferred upon the shareholder is subject to this reservation. 12. REMOVAL OF DIRECTORS: The shareholders of this corporation shall not be entitled to remove any director from office during his term except for cause. 13. POWERS: This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act. IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles **, 19** 98 . of Incorporation this 6 . day of ____May (SEAL) (SEAL) (SEAL) (SEAL) بب STATE OF FLORIDA COUNTY OF DADE-I HEREBY CERTIFY that on this 6 day of May before me a Notary Public, duly authorized to take acknowledgments, personally appeared Samuel Roldan , to me known to be the persons described as subscribers in, and who executed the foregoing Articles of Incorporation, and severally acknowledged the Articles to be the free and voluntary act of them, each for himself and not for the other, and that the facts therein stated are truly set forth. HAVING BEEN NAMED REGISTERED AGENT FOR THE ABOVE My commission expires: STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS OFFICIAL NOTARY SEAL CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE LADISLAO VIGO NOTARY PUBLIC STATE OF FLORIDA PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER COMMISSION NO. CC695844 AND COMPLETE PERFORMANCE OF MY DUTIES AS SUCH TY COMMISSION EXP. DEC. 5,2001 SIGNATURE