

P98000051592

Requestor's Name	
Address	
City/State/Zip	Phone #

700002550717--2
-06/08/98--01036--020
*****70.00 *****70.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

APPROVED
AND
FILED
98 JUN - 8 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK JUN 9 1998

Examiner's Initials

ARTICLES OF INCORPORATION
OF
HERBAL DELIGHTS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Herbal Delights, Inc.

The principal place of business of this corporation shall be: 243 Verna Road, Sarasota, Florida 34240

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

The aggregate number of share of stock and its par value that this corporation is authorized to have outstanding at any one time is: 50,000 Shares. \$1.00 Par Value

ARTICLE IV - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V - OFFICERS DIRECTORS

APPROVED
AND
FILED
98 JUN - 8 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Janet L. McDonald
990 Myakka Road
Sarasota, FL 34240

Carol A. Howard
243 Verna Road
Sarasota, FL 34240

ARTICLE VI - INCORPORATOR (S)

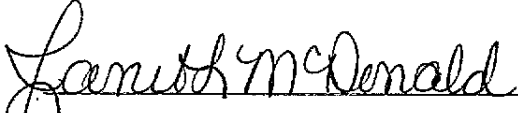
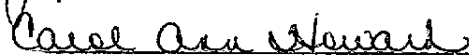
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Janet L. McDonald
990 Myakka Road
Sarasota, FL 34240

Carol A. Howard
243 Verna Road
Sarasota, FL 34240

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4th day of March, 1998.

Signature(s) of Incorporator(s)

STATE OF FLORIDA
COUNTY OF MANATEE

THE FOREGOING instrument was acknowledged and sworn to before me this 4th day of March, 1998 by Janet L. McDonald and Carol A. Howard - Name of Incorporators of - Herbal Delights, Inc. Name of Incorporation.

Notary Public
LOIS K. TOTHERO
Notary Public, State of Florida
My Comm. Expires March 4, 2000
No. CC 536189
Bonded Thru Official Notary Service
1-(800) 728-0121

My Commission Expires: 3/04/00

(SEAL) Lois K. Tothero

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is Herbal Delights Inc.
2. The name and address of the registered agent and office is:

Carol A. Howard
243 Verna Road
Sarasota, Fl 34240

SIGNATURE Carol Ann Howard
Corporate Officer

TITLE President

DATE 3/4/98

98 JUN - 8 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Carol Ann Howard
Registered Agent

DATE 3/4/98