# P98000069490

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

600002608556--7 -08/05/98--01112--005 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	DAYDREAM HERBALS, IN	IC. rate name - must include su	<b>CC</b> \
Enclosed is an original	l and one(1) copy of the article		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM: _	MARGARET W. THORNBERRY Name (Printed or typed)  6802 FAWN RIDGE DRIVE		
	Address  VIERA, FL 32940  City, State & Zip		DIVIJION UT
(407) 254-3599  Daytime Telephone number  PRATIONS  ORDANS			98 AUG -5 PM 2: 34 VISION OF SUSFORATIONS TALLAHASSEE, FLORIDA

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

\$10 A

# 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:

DAYDREAM HERBALS, INC.



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

6802 Fawn Ridge Drive Viera, FL 32940

ARTICLE III SHARES

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

1,000 (50 shares to Margaret W. Thornberry)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mar<sub>b</sub>aret W. Thornberry 6802 Fawn Ridge Drive Viera, FL 32940

## ARTICLE V INCORPORATOR

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

Margaret W. Thornberry 6802 Fawn Ridge Drive Viera, FL 32940

Signature/Incorporator

Date

(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