ZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Document #) (Corporation Name) Pick up time 200 → Walk in Certified Copy Certificate of Status Mail out Will wait Photocopy AMENDMENTS **NEW FILINGS** Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials

ARTICLES OF INCORPORATION

NAME

ARTICLE I

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

The name of the corporation shall be: SUPERIOR HEALTS PRODUCTS, TIVC.	AUG 25 CRETARY LAHASSE	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: P. O BOX 720 V 17 MIAMI FL. 33172-0517	PM 12: 1,9 OF STATE E FLORIDA	
ARTICLE III SHARES		•
The number of shares of stock that this corporation is authorized to have outstanding	at any one time is:	
1,000	- -	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address of the initial registered agent are: ALVARO FATARO GUISVIVI 113 PLACE ANTICLE V INCORPORATOR	<u>RESS</u>	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are: $PRESIDENII $	_	
ALVARO FATARDO (PRESIDENT)	->-451	
FATARNO KARN VICE-IREST	DEN!	
6418 N.W 113 PLACE MIAMI FY 33128	. / _ 6 \ \	
Majorto 8-1	7-7-8	· –
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