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Division of Corporations

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Florida Department of State

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EFFECTIVE DATE
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From:
Account Name : TODD W. KLISTON, ESQ.
Account Number : 075221000013
Phone : (954) 473-4900
Fax Number : (954) 473-4907

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

HERBAL MEDICS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
9-9-98

**ARTICLES OF INCORPORATION
OF
HERBAL MEDICS, INC.**

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby form a corporation under the laws of the State of Florida.

ARTICLE I

CORPORATE NAME

The name of the corporation is **HERBAL MEDICS, INC.**

ARTICLE II

NATURE OF BUSINESS

The corporation may transact any lawful business for which corporations may be incorporated under the Florida Business Corporations Act.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock. The consideration paid for each share shall be fixed by the Board of Directors from time to time.

Todd W. Kliston, Esq.
8211 W. Broward Blvd., Suite 375
Plantation, Florida 33324
Florida Bar # 163001
(954) 473-4900

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ARTICLE IV
CERTIFICATES

Shares of the corporation must be evidenced by the issuance of certificates. The form and content of the certificates shall be as prescribed by Florida Law.

ARTICLE V
ADDRESS

The initial street address of the principal office of this corporation is 1570 Shoreline Way, Hollywood, Florida 33019.

ARTICLE VI
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII
INDEMNIFICATION

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

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ARTICLE VIII

INITIAL DIRECTOR

The name and address of the initial Director who shall hold office until her successor is elected and has qualified is:

Madeline Mazen

1570 Shoreline Way
Hollywood, FL 33019

ARTICLE IX

INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is as follows:

NAME

ADDRESS

Todd W. Kliston

8211 West Broward Boulevard, Suite 375
Plantation, FL 33324

ARTICLE X

REGISTERED OFFICE & REGISTERED AGENT

The street address of the corporation's initial registered agent is 8211 West Broward Boulevard, Suite 375, Plantation, Florida 33324 and the name of the initial registered agent at that office is Todd W. Kliston.

ARTICLE XI

EFFECTIVE DATE

The initial date of incorporation shall be effective on the date this document is filed as evidenced by the department of State's date and time endorsement on the original document.

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ARTICLE XII

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by Florida Law.

Date: SEP 9, 1998

Todd W. Kliston
Todd W. Kliston

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

IN COMPLIANCE WITH SECTION 607.0403, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST - HERBAL MEDICS, INC., DESIRING TO
(name of corporation)
ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH
ITS
PRINCIPAL PLACE OF BUSINESS AT CITY OF HOLLYWOOD, STATE OF
(city)
FLORIDA, HAS NAMED TODD W. KLISTON, LOCATED
(state) (name of registered agent)
AT 8211 WEST BROWARD BOULEVARD, SUITE 375, CITY OF PLANTATION
(street address - post office boxes are not acceptable) (city)
FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS
OF THIS POSITION.

SIGNATURE:

Todd W. Kliston
(registered agent)

DATE:

SEP 9, 1998

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