## TRANSMITTAL LETTER

## P98000107107

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

SUBJECT:	Herbalia Inc.		
	(Proposed corporate name - must include suffix)		

Enclosed is an o	original and one(1)	copy of the articles of	incorporation a	and a check for:
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\$70.00				
Filing Fee				

**2** \$78.75

Filing Fee & Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Alic	cia T	>-01	do
	Name (Printed or typed)			
	(40	7 Park	/ TO ]	# 4.2

Hollywood, Fl 33021
City, State & Zip

(954) 983-1778

Daytime Telephone number

SECRETARY OF STATE DIVISION OF CHEPOMATIONS

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.	SECUL TARY INVESION OF SC
The name of the corporation shall be:	OF STATE OF STATIONS REPORATIONS
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
640 5. Park Rd. # 4-28 Holly woo.	d, Fl. 330
ARTICLE III SHARES	·
The number of shares of stock that this corporation is authorized to have outstanding at any one ti	me is:
1,000,000 Shares	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Elevide street address of the initial registered agent are:	
The name and Florida street address of the initial registered agent are:  Alicia Brondo 640 S. Park Rd. 4-28 - Hollywood, Fl.	33021
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:	
Alicia Brondo 640 S. Park Rd. 4.28 Hollywood, Fl.	33021
Mici Brudo 10/25/98	
Signature/Incorporator Date	
(A	

(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 psy position as registered agent

Signature/Registered Agent

Date