TRANSMITTAL LETTER

P99000009282

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

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SUBJECT: _	AROMATHERAPY	WORLD, INC.	
	(Proposed corporate name - must include suffix)		

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$\ \bigsim \\$78.75 \quad \\$87.50 \quad \\$10 \quad \\$87.50 \quad \\$10 \quad \\$10 \quad \\$10 \quad \\$20 \quad \\$30 \quad \quad \\$30 \quad \quad \\$30 \quad \qquad \quad \qua

FROM: JORGE E. SANZ

Name (Printed or typed)

10955 SW 15th ST # 112

Address

Pembroke Pines, FL 33025

City, State & Zip

(954) 433-7389

Daytime Telephone number

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

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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:

AROMATHERAPY WORLD, INC.

ARTICLE II PRINCIPAL OFFICE

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

10955 SW 15TH STREET #112 PEMBROKE PINES, FL 33025

ARTICLE III SHARES

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

The maximum number of shares of stock is 500 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jorge E.Sanz

10955 SW 15TH STREET #112

PEMBROKE PINES, FLORIDA 33025

ARTICLE V INCORPORATOR

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

Jorge E. Sanz 10955 SW 15TH STREET #112 PEMBROKE PINES, FLORIDA 33025

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(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