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## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 867-8448  
Fax Number : (305) 867-8200

## FLORIDA PROFIT CORPORATION OR P.A.

TROPICAL HEALTH PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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99 FEB - 8 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Bm 2/8/99

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: TROPICAL HEALTH PRODUCTS, INC.

### ARTICLE II

#### PRINCIPAL OFFICE

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

4831 N.W. 6 ST.  
MIAMI, FL. 33126

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated "COMMON SHARES."

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE RODRIGUEZ  
4831 N.W. 6 ST.  
MIAMI, FL. 33126

Prepared By: JOSE RODRIGUEZ  
4831 N.W. 6 ST.  
MIAMI, FL. 33126  
305 3248464

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**ARTICLE V  
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MIGUEL CARMONA  
4831 N.W. 6 ST.  
MIAMI, FL. 33126

DIRECTOR & PRESIDENT

JOSE RODRIGUEZ  
4831 N.W. 6 ST.  
MIAMI, FL. 33126

DIRECTOR & VICE PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of 02, 1999

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers. (20)**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

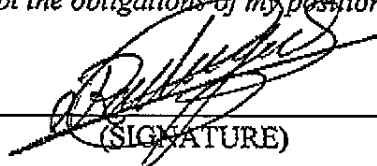
1. The name of the corporation is: TROPICAL HEALTH PRODUCTS, INC.

2. The name and address of the registered agent and office is:

JOSE RODRIGUEZ .  
4831 N.W. 6 ST.  
MIAMI, FL. 33126

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*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)

02/05/99  
(DATE) 20

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