# P99000017844

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

SUBJECT: The Way to Eden Health Food Store.

(Proposed corporate name - must include suffix)

800002783238---7 -02/22/89--01115--013

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

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Justine A. Charles

Name (Printed or typed)

17045 South Dixie Highway

Address

Miami, Florida 33157

City, State & Zip

(305) 278-9685

Daytime Telephone number

50/24

# 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:

The Way to Eden Health Food Store, Inc.



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

17045 South Dixie Highway Miami, FL 33157

ARTICLE III SHARES

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

Five Hundred (500)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

M. Gill & Associates, Inc. 4770 Biscayne Blvd., Suite 1050 Miami, FL 33137

## ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Justine A. Charles 19631 SW 137th Avenue Miami, FL 33177

Signature/Incorporator

(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