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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		√ 4C	00028813 -05/20/99010 _******78.75	943 ** 179004 *****78.75
subject: <u>Na</u>	tures Finest / (Proposed corpor	Herbs Inc. ate name - must include suffi	ix)	·
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	heck for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Sonya A. Williams Name (Printed or typed)				
	P.O. BOX	61174 ———————————————————————————————————	 	
Palm Bay, FL 32906-1174 DECRETED BY 20 FEL 32906-1174 DECRETED BY				
	•	(407) 639-4 Telephone number	 	
AUTHORIZATION BY PHON	GAVE ETO	•	STATE	1

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

CORRECT__

DOC. EXAM_

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ARTICLES OF INCORPORATION

he undersigned incorporator, for the purpose of forming a corporation under the Florida usiness Corporation Act, hereby adopts the following Articles of Incorporation.
he name of the corporation shall be: Natures Finest Herbs Inc.
RTICLE II PRINCIPAL OFFICE the principal place of business and mailing address of this corporation shall be: 976 Kingfisher Way Rockledge, FL 32955 (Place of Busine)
P.O. Box 67174 Palm Bay, FL 32906-1174 (mailing address)
RTICLE III SHARES ne number of shares of stock that this corporation is authorized to have outstanding at any one time is:
one · · · · · · · · · · · · · · · · · · ·
RTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Sonya Williams The name and address of the incorporator to these Articles of Incorporation are: Sonya Williams 976 Kingfi Sher Way Rockledge, FL 32955
Sonya A. Williams 5/18/99 Signature/Incorporator 5/18/99
/ / Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of	f process for the above stated corporation at the place designated in this
corrigione, i hereby accept the appointment as registered agen	I and coree to act in this compaits. I feether seems to the
provisions of all statutes relating to the proper and complete	e performance of my duties, and I am familiar with and accept the
original of my position as registered agent	1 1 Junious want date accept the
Sonya a. Williams	=/18/99
Signature/Registered Agent	Date

Date