

P99000051826

TRANSMITTAL LETTER

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

700002895007--2

-06/04/99-01046-006

122.50 **78.75

SUBJECT: AUSSIE REMEDIES INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

JAMES C. NOIAN
Name
10796 LA REINA RD.
Address
DELRAY BEACH FL. 33446
City, State, & Zip
(561) 495-8181
Telephone Number

FILED
99 JUN -4 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.

6-8
WS

ARTICLES OF INCORPORATION
OF

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

ARTICLE I NAME

The name of the corporation shall be:

AUSSIE REMEDIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

*10796 LA REINA ROAD,
DELRAY BEACH, FL, 33446*

ARTICLE III CAPITAL STOCK

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

ONE THOUSAND

ARTICLE IV SMALL BUSINESS CORPORATION

This corporation shall be treated as a small business corporation per the Internal Revenue Code.

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

WENDY NOLAN
10796 LA RETNA ROAD
DELRAY BEACH, FL, 33446

ARTICLE VI INCORPORATOR(S)

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

WENDY NOLAN
10796 LA RETNA ROAD
DELRAY BEACH, FL, 33446

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

FIRST day of JUNE, 19 99.

Wendy Nolan / PRESIDENT
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, 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: AUSSIE REMEDIES, INC.

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

WENDY NOLAN
(Name)

10796 LA REINA ROAD,
(Address) (No P.O. Box)

DELRAY BEACH FL 33446.
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designed 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 Wendy Nolan

Date 6/1/99