

P9900009-7995

**TRANSMITTAL LETTER**

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

100003036791--5  
-11/05/99--01076--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

November 2, 1999

**SUBJECT** Karmic Garden, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check  
for :  
\$78.75 Filing Fee & Certified Copy

**ADDITIONAL COPY REQUIRED**

**FROM:**

Name James Groom  
Address 661 Via Milano Cir  
City, State & Zip Apopka, FL 32712  
Daytime Telephone number 407.620.7742

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

FILED  
99 NOV -5 AM 11:44  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

8/11/8

## 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:  
Karmic Garden, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
661 Via Milano Cir.  
Apopka, FL 32712

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
100,000 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:  
James Groom  
661 Via Milano Cir.  
Apopka, FL 32712

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:  
James Groom  
661 Via Milano Cir.  
Apopka, FL 32712

  
Signature/Incorporator

11/2/99  
Date

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

11/2/99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 NOV -5 AM 11:44

FILED