

P12000048336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

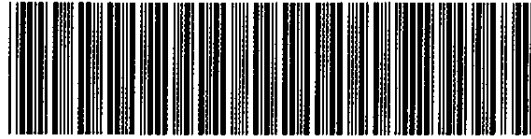
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 MAY 23 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
5/24/12

## COVER LETTER

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

SUBJECT: CENTER FOR NATURAL LIVING, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: CAROLE SANTANA

Name (Printed or typed)

855 NE 125TH ST

Address

NORTH MIAMI, FL, 33161

City, State & Zip

754-368-0737

Daytime Telephone number

DRSANTANACPCS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** CENTER FOR NATURAL LIVING, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
855 NE 125TH ST  
NORTH MIAMI, FL 33161

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**FOR ALL AND ANY MANNER OF BUSINESS**

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**ARTICLE IV SHARES**  
The number of shares of stock is 5,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CAROLE SANTANA  
Address: 855 NE 125TH ST  
NORTH MIAMI, FL 33161  
GM

Name and Title: MAX CARRE  
Address: 855 NE 125TH ST  
NORTH MIAMI, FL 33161  
MARKETING/ADVERTISING

Name and Title: BENJAMIN TAN (SON)  
Address: 855 NE 125TH ST  
NORTH MIAMI, FL 33161  
TREASURER

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: MICHEL-EMMANUEL CARRE  
Address: 855 NE 125TH ST  
NORTH MIAMI, FL 33161  
LEGAL OFFICER/SECRETARY

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAX CARRE  
Address: 4846 N UNIVERSITY DR APT 179  
LAUDERHILL FL 33351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAX CARRE  
Address: 4846 N UNIVERSITY DR APT 179  
LAUDERHILL FL 33351

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature Registered Agent 5-18-12  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature Incorporator 5-18-12  
Date