

# P15000048353

Florida Department of State  
Division of Corporations  
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### FLORIDA PROFIT/NON PROFIT CORPORATION NATURALS OPTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

*Handwritten signature and date 6/2*

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

**ARTICLE I NAME** NATURALS OPTIONS, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4834 Parkcrest ST

same

west Palm beach 33415 FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: import export, general merchandise

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PALM BEACH COUNTY  
FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: EDWARD SILBERBERG, president

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

Address

4834 PARKCREST ST

Address: \_\_\_\_\_

WEST PALM BEACH, FL33415

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

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

Address

Address: \_\_\_\_\_

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

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

Address

Address: \_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: 4834 PARKCREST ST  
WEST PALM BEACH, FL 33415  
**EDWARD SILBERBERG**

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 STATE OF FLORIDA  
 DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDWARD SILBERBERG  
 Address: 4834 PARKCREST  
WEST PAL BEACH, FL 33415

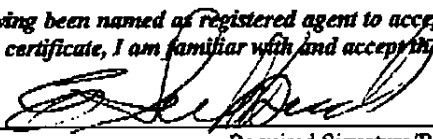
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

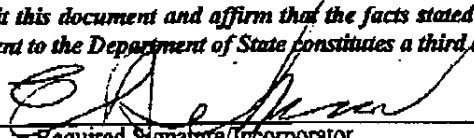
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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:*

 5/29/15  
 Required Signature/Registered Agent 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.*

 5 29 15  
 Required Signature/Incorporator Date

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