

P00000009521

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

SUBJECT: NATURAL HEALTH CARE PRODUCTS INC
(Proposed corporate name - must include suffix)

100003093661--0
-01/10/00--01114--005
*****87.50 *****87.50

Enclosed is 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: MAROLIE BORDEN
Name (Printed or typed)
9900 AVIATION BLVD.
Address
MARATHON KEY, FLORIDA 33050
City, State & Zip
305-743-9167
Daytime Telephone number

FILED
00 JAN 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1-28-00
W.C.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 18, 2000

MAROLIE BORDEN
9900 AVIATION BLVD.
MARATHON KEY, FL 33050

SUBJECT: NATURAL HEALTH PRODUCTS INC
Ref. Number: W00000001392

We have received your document for NATURAL HEALTH PRODUCTS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Cunningham
Document Specialist

Letter Number: 000A00002405

RECEIVED
00 JAN 21 AM 10:00
DIVISION OF CORPORATIONS

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:

NATURAL HEALTH CARE PRODUCTS INC

ARTICLE II PRINCIPAL OFFICE

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

9900 AVIATION BLVD.
MARATHON KEY, FL 33050

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MAROLIE BORDEN
9900 AVIATION BLVD.
MARATHON KEY, FL 33050

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MAROLIE BORDEN (President)
9900 AVIATION BLVD.
MARATHON KEY, FL 33050

Marolie Borden

Signature/Incorporator

JANUARY 07, 2000

Date

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

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

Marolie Borden

Signature/Registered Agent

JANUARY 07, 2000

Date

FILED
00 JAN 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA