WS ACCOUNTING

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# Division of Corporations

### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : WILLIAM J. STRANGE

Account Number : 119980000052

Phone : (305)223-0444

: (305)225-8698 Fax Number

## FLORIDA PROFIT CORPORATION OR P.A.

SALUD NATURAL, INC.

Certificate of Status	1
Certified Copy	0
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# ARTICLE OF INCORPORATION OF

#### SALUD NATURAL, INC.

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

#### ARTICLE I NAME

The name of the corporation shall be:

#### SALUD NATURAL, INC.

The principal place of business of this corporation shall be:

13255 S.W. 137<sup>th</sup> AVENUE STE # 201 MIAMI, FLORIDA 33186

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

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

SHARES#

PAR VALUE

STOCK DESCRIPTION

500

\$1.00

Common Stock

#### ARTICLE IV TERM OF EXISTENCE

This corporation shall have perpetual existence.

#### ARTICLE V OFFICERS DIRECTORS

WILLIAM J. STRANGE 9586 S.W. 6<sup>TH</sup> LANE – MIAMI, FL 33174 PHONE (305)223-0444 FAX (305)225-8698 H01000024266

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The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

#### **BOARD OF DIRECTORS:**

OFFICER'S TITLE

NAME

ADDRESS

President:

Samuel De La Hoz

15278 SW 104TH Street #524

Miami, Florida 33196

Secretary:

Jenny De La Hoz

15278 SW 104TH Street #524

Miami, Florida 33196

Treasury:

Jenny De La Hoz

15278 SW 104TH Street #524

Miami, Florida 33196

#### ARTICLE VI INCORPORATOR(S)

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

NAME

**ADDRESS** 

Samuel De La Hoz

15278 SW 104<sup>TH</sup> Street #524 Miami, Florida 33196

Signsture(s) of Incorporator(s

WILLIAM J. STRANGE 9586 S.W. 6<sup>TR</sup> LANE – MIAMI, FL 33174 PHONE (305)223-0444

FAX (305)225-8698

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statues, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

#### SALUD NATURAL, INC.

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

NAME	-		-	ADDRESS	
Samuel De La F	łoz			15278 SW 104TH Stree	
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE	. 4	Cum	Shuspl.	i
DATE	Marc	4 001	2001	