

P02000093409
TRANSMITTAL LETTER

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

100007242441--8
-08/21/02--01013--006
*****70.00 *****70.00

SUBJECT: NATURE'S PHARMACY 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

FILED
02 AUG 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: MELODIE FARR
Name (Printed or typed)

9380 N.W. 38TH PLACE
Address

SUNRISE FLORIDA 33351
City, State & Zip

(954) 572-2503
Daytime Telephone number

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

W-24344

in 8/28



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 21, 2002

MELODIE FARR
9380 NW 38TH PLACE
SUNRISE, FL 33351

SUBJECT: NATURE'S PHARMACY INC.
Ref. Number: W02000024344

We have received your document for NATURE'S PHARMACY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 102A00049224

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NATURE'S PHARMACY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9380 NW 38TH PLACE
SUNRISE FLORIDA 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NATURAL
DIETARY SUPPLEMENTS

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MELODIE FARR
9380 NW 38TH PLACE
SUNRISE FLORIDA 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MELODIE FARR
9380 NW 38TH PLACE
SUNRISE FLORIDA 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

Signature/Registered Agent

Signature/Incorporator

FILED

02 AUG 28 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date

Date