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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: DEHAVILLAND NATURAL PRODUCTS, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: De Havilland Natural Products, Inc  
Name (Printed or typed)

7370 NW 36 St #372  
Address

Miami FL 33166  
City, State & Zip

305-471-0201  
Daytime Telephone number

**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

The name of the corporation shall be:

De Havilland Natural Products, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7370 NW 36 St, #372  
Miami, FL 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty aids, natural products.

## ARTICLE IV SHARES

The number of shares of stock is:

100

## 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:

Frige A. Villura  
7370 NW 36 St #372  
Miami, FL 33168

## ARTICLE VII INCORPORATOR

The n

Frige A. Villura  
7370 NW 36 St #372  
Miami, FL 33168

\*\*\*\*\*

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

Date

Date

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