

PD30000069548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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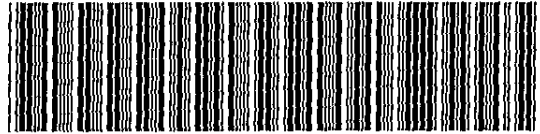
(Business Entity Name)

(Document Number)

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03 JUN 20 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/1 6/24

TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

SUBJECT: CESANA - Natural Health Center, Inc.

Enclosed is an original and one (1) copy of the articles of
incorporation and our check for \$ 70.

FROM: CESANA - Natural Health Center, Inc.
4449 W. Hillsborough Ave.
Tampa, FL 33614
(813)249-1800

**ARTICLES OF INCORPORATION
OF
CESANA - Natural Health Center, Inc.**

FILED
03 JUN 20 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

CESANA - Natural Health Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**4449 West Hillsborough Ave.
Tampa, FL
33614**

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

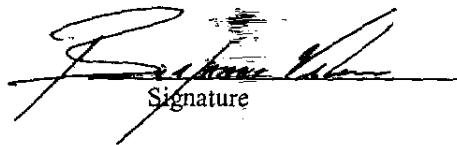
**Benjamin Valera
314 Wintergreen Drive
Winter Spring, FL 32708**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Benjamin Valera
314 Wintergreen Drive
Winter Spring, FL 32708**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17 day of JUNE, 2003.


Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____

CESANA - Natural Health Center, Inc.

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

**Benjamin Valera
314 Wintergreen Drive
Winter Spring, FL 32708**

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.

SIGNATURE _____

DATE _____

Benjamin Valera
06-17-07

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03 JUN 20 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA