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| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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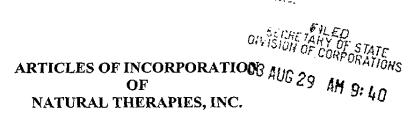
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# TRANSMITTAL LETTER

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

| SUBJECT: NAT           | URAL THERAPIES, INC.                |   |   |  |
|------------------------|-------------------------------------|---|---|--|
|                        | (PROPOSED CORPORA)                  | TE NAME – <u>MUST INCL</u>                | UDE SUFFIX)                             |  |
|                        |                                     |   |   |  |
|                        |                                     |   |   |  |
| Enclosed are an orig   | ginal and one (1) copy of the artic | cles of incorporation and                 | a check for:                            |  |
| \$70.00                | <b>☑</b> \$78.75                    | \$78.75                                   | \$87.50                                 |  |
| Filing Fee             | Filing Fee                          | Filing Fee                                | Filing Fee,                             |  |
| rung rec               | & Certificate of Status             | & Certified Copy                          | Certified Copy                          |  |
|                        |                                     | 1,  | & Certificate of                        |  |
|                        |                                     |   | Status                                  |  |
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| FROM: K                | AUFMAN, ENGLETT & LYN               | D, P.A. c/o MATTHE'<br>(Printed or typed) | W ENGLETT                               |  |
|                        | Name (                              | (Printed or typed)                        |   |  |
| 733 W. COLONIAL DRIVE  |                                     |   |   |  |
| Address                |                                     |   |   |  |
|                        |                                     |   |   |  |
| ORLANDO, FLORIDA 32804 |                                     |   |   |  |
| City, State & Zip      |                                     |   |   |  |
|                        | 407-481-2535                        | Nt.                                       | 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - |  |
|                        | Daytime To                          | elephone number                           |   |  |

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



The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation for profit under the laws of the State of Florida.

# ARTICLE I - NAME OF CORPORATION

The name of the corporation shall be NATURAL THERAPIES, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually.

## ARTICLE III - INITIAL PRINCIPAL OFFICE

The initial principal office of the Corporation shall be located at 527 North Mills Avenue, Orlando, Florida, 32803.

#### ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any or all unlawful business purposes.

### ARTICLE V - CAPITAL STOCK

- A. The maximum number of shares of capital stock that this corporation is authorized to issue and have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share, which may be fractional shares.
- B. All or any portion of the capital stock may be issued in payment for real or personal property, services, or any other right or thing having a value, in the judgment of the Board of Directors, at least equivalent to the full value of the stock so to be issued as hereinabove set forth, and when so issued shall become and be fully paid and non-assessable, the same as though paid for in cash; and the directors shall be the sole judges of the value of any property, right or thing

acquired in exchange for capital stock, and their judgment of such value shall be conclusive.

C. Notwithstanding the foregoing, the corporation shall have the right to increase its capital stock either with or without par value, and to provide in the event of such increase the designations, preferences, voting power or restrictions, or qualification of voting powers, of such additional stock, in an amendment to its Certificate of Incorporation.

# ARTICLE VI – INITIAL REGISTRATED OFFICE AND AGENT

The street address of the initial registered office of this corporation shall be 527 North Mills Avenue, Orlando, Florida, 32803.

The name of the initial registered agent of this corporation at that address shall be Preston L. Angell.

## ARTICLE VII - INITIAL DIRECTORS AND OFFICERS

The names and street address of the initial members of the Board of Directors and Officers, each to hold office for the first year in existence of this corporation or until their successors are elected or appointed and have qualified are:

Name Street Address Office

Preston L. Angell 504 Altaloma Avenue President
Orlando, Florida 32803

#### ARTICLE VIII - INCORPORATOR

The following is the name and address of the Incorporator to these Articles of Incorporation:

Preston L. Angell 504 Altaloma Avenue Orlando, Florida 32803

#### <u>ARTICLE IX – AMENDMENT</u>

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27 day of Augret, 2003.

PRESTON L. ANGELT

r

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgements in the State and County aforesaid, personally appeared PRESTON L. ANGELL, to me known to be the person described as the incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State last aforesaid this day of August, 2003.

Notary Public

Print Name:

My Commission Exp Commission No.: Sharon L Robinson
My Commission DD022103
Expires May 07, 2005

# CERTIFICATE DESIGNATING PLACE OF REGISTRATED OFFICE FOR SERVICE OF PROCESS WITHIN THIS STATE, NAMING REGISTRATED AGENT UPON WHICH PROCESS MAY BE SERVED

PURSUANT to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

THAT, NATURAL THERAPIES, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation in the City of Orlando, County of Orange, State of Florida, has named as its Registered Agent, Preston L. Angell of 527 North Mills Avenue, Orlando, Florida, to accept service of process within this State.

## **ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

Preston L. Angel

03 AUG 29 AH 9: 4