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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

3-26-04

TRANSMITTAL LETTER

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

SUBJECT: Natural Solutions For Health inc. (Natural Solutions for Health 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Melissa Robinson

Name (Printed or typed)

9420 SW 77th street suite 101

Address

Miami, FL 33156

City, State & Zip

305-807-8119

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:

Natural Solutions for Health inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9420 SW 77th street suite 101, Miami FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

consulting

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Director- Melissa Robinson 2646 Polk Street apt 10
Hollywood, FL 33020

ARTICLE VI REGISTERED AGENT

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


Melissa Robinson
2646 POLK street apt 10
Hollywood, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melissa Robinson
2646 Polk street apt 10
Hollywood FL 33020

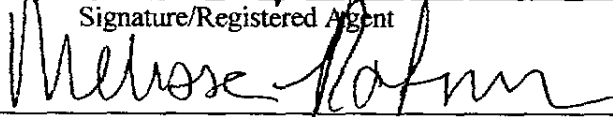
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/18/04

Date



Signature/Incorporator

3/18/04

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA