P05000030522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
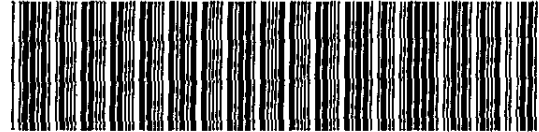

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

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

SUBJECT: SANANDA
_____
(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   │ ❏ $78.75   ❏ $87.50   │
               & Certificate of │ Filing Fee   Filing Fee,   │
               Status   │ & Certified Copy Certified Copy   │
                                 │   & Certificate of │
                                 │   Status   │
                                 │ **ADDITIONAL COPY REQUIRED**   │
                                 └─────────────────────────────────────┘

FROM: _____ SANANDA INC _____
                                Name (Printed or typed)

          _____ 3911 WEST WATER SUITE #5 _____
                                Address

          _____ TAMPA,FLORIDA,33614 _____
                                City, State & Zip

          _____ 813-915-9020 _____
                            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:

SANANDA INC

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
3911 WEST WATER SUITE #5
TAMPA,FLORIDA,33614

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:
NATURAL PRODUCT SALES

ARTICLE IV   SHARES
The number of shares of stock is:
100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

CARMEN LILIAN QUINTERO
7918 HANLEY RD
TAMPA,FL,33634
PRESIDENT

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

CARMEN LILIAN QUINTERO
7918 HANLEY RD
TAMPA,FL,33634

ARTICLE VII   INCORPORATOR
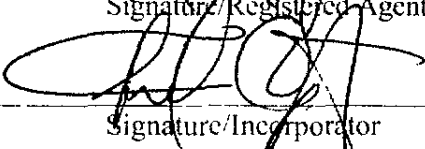The **name and address** of the Incorporator is:

CARMEN LILIAN QUINTERO
7918 HANLEY RD
TAMPA,FL,33634

****

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

02.08.05
Date

_____
Signature/Incorporator

02.08.05
Date