P06000003536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

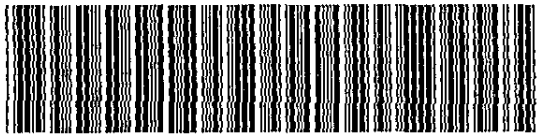
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN -9 AM 8:23

B. McKnight JAN 11 2006

COVER LETTER

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

SUBJECT: NATURAL Remedies, 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 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: T. W. Myers
Name (Printed or typed)

PO Box 37134
Address

Jacksonville, FL 32236
City, State & Zip

904-238-2220
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 Remedies, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4601-200 Bulls Bay Blvd
Jacksonville, FL 32219

ARTICLE III PURPOSE MAILING: P.O. Box 37134
Jacksonville, FL 32236

The purpose for which the corporation is organized is: MARKETING NATURAL Health Products AND Services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): T.W. Myers Pres/DIR
P.O. Box 37134
Jacksonville, FL 32236

ARTICLE VI REGISTERED AGENT

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

T.W Myers
4601-200 Bulls Bay Blvd.
Jacksonville, FL 32219

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

T.W Myers
P.O. Box 37134
Jacksonville, FL 32236

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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

T.W. Myers
Signature/Registered Agent T.W. Myers

01/03/2006
Date

T.W. Myers
Signature/Incorporator T.W. Myers

01/03/2006
Date

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DIVISION OF CORPORATIONS
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