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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG 16 AM 7:51

B. McKnight AUG 17 2006

## COVER LETTER

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

SUBJECT: South Florida Natural Products, 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: South Florida Natural Products, Inc  
Name (Printed or typed)

3560 NW 53rd St  
Address

Ft. Lauderdale, FL 33309  
City, State & Zip

954-484-4504  
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:

South Florida Natural Products, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3560 NW 53rd St #2  
Ft. Lauderdale, FL 33309

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Manufacturer and sales of All Natural Products

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Patricia Osburn, President  
3560 NW 53rd St #2  
Ft. Lauderdale, FL 33309

Keith Benson, Vice President  
3560 NW 53rd St #2  
Ft. Lauderdale, FL 33309

### **ARTICLE VI REGISTERED AGENT**

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

Patricia Osburn  
3560 NW 53rd St #2  
Ft. Lauderdale, FL 33309

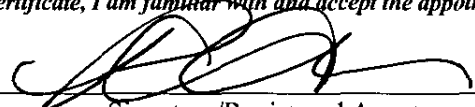
### **ARTICLE VII INCORPORATOR**

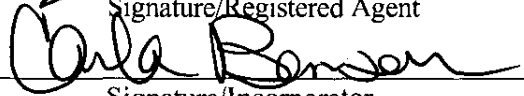
The **name and address** of the Incorporator is:

Carla Benson  
3560 NW 53rd St #2  
Ft. Lauderdale, FL 33309

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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