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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6381

Account Name : XIOMARA LEE, P.A.

Account Number : I20040000008

Phone : (305)262-2323 Fax Number : (305)262-2324

FLORIDA PROFIT/NON PROFIT CORPORATION

NATALIA WELLNESS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



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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: NATALIA WELLNESS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 19727 S.W. 87 CT, MIAMI, FL 33157

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINEE IN THE STATE OF FLORIDA

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): NATALIA MEJIA, PRESIDENT, 19727 S.W. 87 CT, MIAMI, FL 33157

ARTICLE VI REGISTERED AGENT

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

NATALIA MEJIA, 19727 S.W. 87 CT , MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NATALIA MEJIA , 19727 S.W. 87 CT , MIAMI , FL, 33157

Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agen	above stated corporation at the place designated in this t and agree to act in this capacity
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Signature/Registered Agent	Date
de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia dela	
Signature/Incorporator	Date

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