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SECRETARY OF STATE
INDIANA OFFICE

244

COVER LETTER

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

SUBJECT: A Natural Way To Good 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
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: Kathryn Ferrante

Name (Printed or typed)

5021 Maui Circle

Address

Orlando, FL 32808

City, State & Zip

407-297-0772

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:

A Natural Way To Good Health INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5021 Maui Circle, Orlando, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale natural health products.

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kathryn Ferrante, 5021 Maui Circle, Orlando, FL 32808

Thomas A. Ferrante, 5021 Maui Circle, Orlando, FL 32808

ARTICLE VI REGISTERED AGENT

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

Kathryn Ferrante, 5021 Maui Circle, Orlando, FL 32808

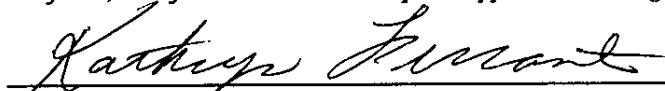
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

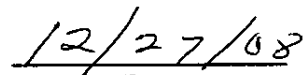
Kathryn Ferrante, 5021 Maui Circle, Orlando, FL 32808

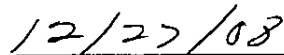
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CLERK OF DISTRICT COURT
JULIA A. GARCIA

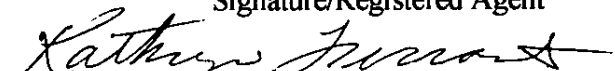
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Date


Date


Signature/Incorporator