

PO900074417

(Requestor's Name)

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(City/State/Zip/Phone #)

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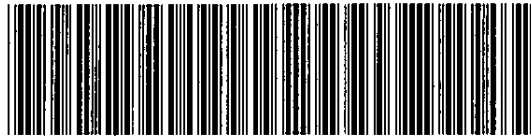
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 SEP -3 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 04 2009

COVER LETTER

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

SUBJECT: _____

CRAFT FOR 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: _____

THOMAS L. KNAPP

Name (Printed or typed)

18709 SE RIVER RIDGE RD

Address

18909 SE FL 33469

City, State & Zip

561-744-2080

Daytime Telephone number

Tom_Knapp@Comcast.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

CRAFT FOR HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

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

18709 SE River Ridge Rd
Tequesta FL, 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling ^{Spokes person} ~~services~~ Services + product lines

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):

Kathy Peterson - 18709 SE River Ridge Rd Tequesta, FL-33469
BARBARA DEHN - 1780 Austin Ave, Los Altos CA. - 94024

ARTICLE VI REGISTERED AGENT

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

Tom Knapp 18709 SE River Ridge Rd
Tequesta, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tom Knapp 18709 SE River Ridge Rd Tequesta FL 33469

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

Tom Knapp
Signature/Registered Agent

6/17/09
Date

Tom Knapp
Signature/Incorporator

6/17/09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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