

PI1000005449

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

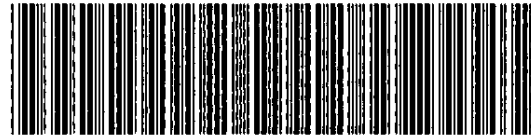
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

1/14

## COVER LETTER

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

SUBJECT: NATURAL IMAGE MIC HBA 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: MICHAEL DALEY  
Name (Printed or typed)

10621 OLD HAMMOCK WAY  
Address

WELLINGTON FL 33414  
City, State & Zip

561-758-3907  
Daytime Telephone number

MOON2899@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

**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 IMAGE FABA INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

3919 VOG RD  
GREENACRES  
FL 33467

Mailing address, if different is:

10621 OLD HAMMOCK WAY  
WELLINGTON  
FL 33414

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELLING HEALTH AND  
BEAUTY PRODUCTS AT RETAIL

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MICHAEL DALEY

Name and Title:

Address:

10621 OLD HAMMOCK

Address:

WELLINGTON

FL 33414

Name and Title:

SHARON DALEY V.P.

Name and Title:

Address:

10621 OLD HAMMOCK

Address:

WELLINGTON

FL 33414

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 14 PM 3:12

FILED

## ARTICLE VI REGISTERED AGENT

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

Name:

MICHAEL DALEY

Address:

10621 OLD HAMMOCK WAY

WELLINGTON FL 33414

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

MICHAEL DALEY

Address:

10621 OLD HAMMOCK WAY

WELLINGTON FL 33414

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

Required Signature/Registered Agent

Date

1.10.11

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

1.10.11