

P110000021970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

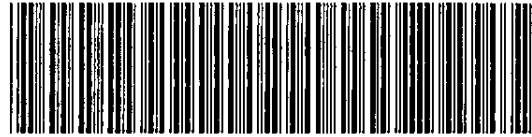
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/7

111 10813

COVER LETTER

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

SUBJECT: Nature's Ways, 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: Stanley M. Warden
Name (Printed or typed)
361 Beaver Lake Road
Address
Tallahassee, FL 32312
City, State & Zip
(850) 345-1867
Daytime Telephone number
SMW579@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAR -2 AM 11:21

DIVISION OF CORPORATIONS

February 23, 2011

STANLEY M. WARDEN
361 BEAVER LAKE ROAD
TALLAHASSEE, FL 32312

SUBJECT: NATURE'S WAYS, INC.
Ref. Number: W11000010813

*Corrected
Name
Thank you!*

We have received your document for NATURE'S WAYS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 111A00004598

Corrected Name: Nature's Health For All, Inc.

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: ~~Nature's Ways, Inc.~~

ARTICLE II PRINCIPAL OFFICE

Principal street address
361 Beaver Lake Rd
Tallahassee, FL
32312

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Produce organic drinks, organic energy drinks, organic fertilizers and alternative energy using green technologies for health and well being.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig D. Kamp
Address: President
711 Arizona Ave
Ft. Lauderdale, FL 33312

Name and Title: Secretary
Stanley M. Warden
Address: 361 Beaver Lake Road
Tallahassee, FL 32312

Name and Title: Shawn K. Warden
Address: 2861 NE 21st Ave
Light House Point, FL 33064
Vice President

Name and Title: _____
Address: _____

Name and Title: Donald E. Warden
Address: Treasurer
2861 NE 21st Ave
Light House Point, FL 33064

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joseph Spejkenkowski
Address: 2658 Apt. B North Point Court
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stanley M Warden
Address: 361 Beaver Lake Road
Tallahassee, FL 32312

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

SAS

Required Signature/Registered Agent

2-13-11
Date

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.

St M Warden

Required Signature/Incorporator

2-10-11
Date

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TALLAHASSEE FLORIDA

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