

P11000038032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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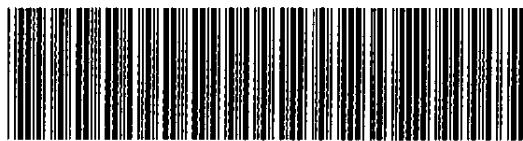
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W11-20506



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2011

CHRISTOPHER W. ADAMS
704 BUCK HENDRY WAY
STUART, FL 34994

SUBJECT: NATURES HOST INC.
Ref. Number: W11000020506

We have received your document for NATURES HOST 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 311A00008789

COVER LETTER

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

SUBJECT: Natures Host 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: Christopher W. Adams.
Name (Printed or typed)
704 Buck Hendry Way
Address
Stuart, FL, 34994
City, State & Zip
772.285.8647
Daytime Telephone number
CHRIS@natureshost.com
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: Natures Host Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

704 Buck Hendry way
Stuart, FL
34994

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

on line retailer

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS, Pres.

Name and Title: Christopher W. Adams Name and Title: _____

Address: 2867 SW Lake Mont Pl Address: _____

Palm City FL
34990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Christopher W. Adams

Address: 2867 SW Lake Mont Pl

Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher W. Adams

Address: 2867 SW Lake Mont Pl

Palm City FL 34990

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

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

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
11 APR 19 PM 2:28

4/15/2011

4/5/2011