

Division of Corporations
P11000053151
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
365921

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Naranja Food & Beauty Supplies Inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

③

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

SUBJECT: NARANTA FOOD & BEAUTY SUPPLIES 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: NARANTA FOOD & BEAUTY SUPPLIES INC.
Name (Printed or typed)

26011 S Dixie Hwy
Address

NARANTA FL 39092
City, State & Zip

305-257-0044
Daytime Telephone number

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

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

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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: NARANA FOOD & BEAUTY SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

26011 S. Dixie Hwy
NARANA, FL 33034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the purpose of conducting any and all lawful Business within the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ 1.00 p/sh

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANA SOLEMAN
Address: 6900 NW 7 Ave
MIAMI FL 33150

Name and Title: _____
Address: _____

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: RANA SOLEMAN
Address: 6900 NW 7 Ave
MIAMI, FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RANA SOLEMAN
Address: 6900 NW 7 Ave
MIAMI FL 33150

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

Rana Solomon
Required Signature/Registered Agent

6/6/2011
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.

Rana Solomon
Required Signature/Incorporator

6/6/2011
Date

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