

PI 100000 89830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

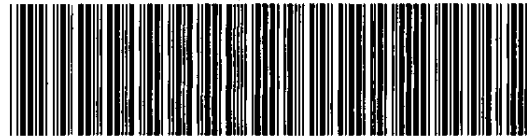
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100212578441

09/30/11--01012--015 **78.75

FILED
11 OCT 12 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 10/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2011

TARA COHEN-BECK
7918 RINEHART DRIVE
BOYNTON BEACH, FL 33437

SUBJECT: NATURAL WELLNESS SOLUTIONS INC.
Ref. Number: W11000050833

We have received your document for NATURAL WELLNESS SOLUTIONS INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 611A00022693

RECEIVED

11 OCT 12 PM 1:04

DIVISION OF CORPORATIONS

October 7, 2011

Florida Department of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Ruby Dunlap
Regulatory Specialist

Dear Ms. Dunlap:

Enclosed are new Articles of Incorporation to incorporate this business as Tara Beck Inc. and thus avoid the corporate name issue. She originally wanted to incorporate as Natural Wellness Solutions Inc. but there already was another business in Florida with the name of Natural Wellness Solutions LLC.

I hope this new name will resolve the corporate name problem.

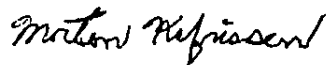
Please send a copy of the corporate Articles to Tara Cohen-Beck if they can be approved as revised.

Also I am enclosing a copy of your October 3 letter to show that the fee for incorporation of \$78.75 has been paid.

I will also notify IRS of the name change.

Thank you in advance for your assistance in this matter.

Sincerely,



Morton Kafrissen
Enrolled Agent

COVER LETTER

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

SUBJECT: Tara Beck 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: Tara Cohen -Beck

Name (Printed or typed)

7918 Rinehart Drive

Address

Boynton Beach, FL 33437

City, State & Zip

561-512-8645

Daytime Telephone number

kensbv@gmail.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: Tara Beck Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7918 Rinehart Drive
Boynton Beach, FL 33437

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To market health supplements.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara Cohen-Beck
Address: 7918 Rinehart Drive
Boynton Beach, FL 33437

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: Tara Cohen-Beck
Address: 7918 Rinehart Drive
Boynton Beach, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tara Cohen-Beck
Address: 7918 Rinehart Drive
Boynton Beach, FL 33437

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

Tara Cohen-Beck
Required Signature/Registered Agent

10/7/2011
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.

Tara Cohen-Beck
Required Signature/Incorporator

10/7/2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA