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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/24/12

COVER LETTER

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

SUBJECT: CENTER FOR NATURAL LIVING, 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: CAROLE SANTANA

Name (Printed or typed)

855 NE 125TH ST

Address

NORTH MIAMI, FL, 33161

City, State & Zip

754-368-0737

Daytime Telephone number

DRSANTANACPCS@YAHOO.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

CENTER FOR NATURAL LIVING, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
855 NE 125TH ST
NORTH MIAMI, FL 33161

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR ALL AND ANY MANNER OF BUSINESS

ARTICLE IV SHARES

The number of shares of stock is **5,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CAROLE SANTANA**
Address: **855 NE 125TH ST**
NORTH MIAMI, FL 33161
GM

Name and Title: **MAX CARRE**
Address: **855 NE 125TH ST**
NORTH MIAMI, FL 33161
MARKETING/ADVERTISING

Name and Title: **BENJAMIN TAN (SON)**
Address: **855 NE 125TH ST**
NORTH MIAMI, FL 33161
TREASURER

Name and Title: _____
Address: _____

Name and Title: **MICHEL-EMMANUEL CARRE**
Address: **855 NE 125TH ST**
NORTH MIAMI, FL 33161
LEGAL OFFICER/SECRETARY

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: **MAX CARRE**
Address: **4846 N UNIVERSITY DR APT 179**
LAUDERHILL FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MAX CARRE**
Address: **4846 N UNIVERSITY DR APT 179**
LAUDERHILL FL 33351

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

5-18-12

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

5-18-12

Date

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TALLAHASSEE, FLORIDA