

P12000088828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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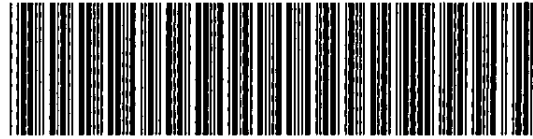
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: Natural Distributors 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Christiana Phillip

Name (Printed or typed)

8000 SW 117th Avenue

Address

Miami, FL 33183

City, State & Zip

8779187545

Daytime Telephone number

trendllc@me.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: Natural Distributors Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

8000 SW 117th Avenue
Miami, FL 33183

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Christiana Phillip</u>	Name and Title: <u>President</u>
Address: <u>8000 SW 117th Avenue</u>	Address: _____
<u>Miami, FL 33183</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Robert Maziel
Address: 8000 SW 117th Avenue
Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christiana Phillip
Address: 8000 SW 117th Avenue
Miami, FL 33183

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

<u>Robert Maziel</u>	<u>10/17/2012</u>
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.

<u>Christiana Phillip</u>	<u>10/17/2012</u>
Required Signature/Incorporator	Date

October 17, 2012

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
850.245.6052

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII - Effective Date January 2, 2013.