

P12000089128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

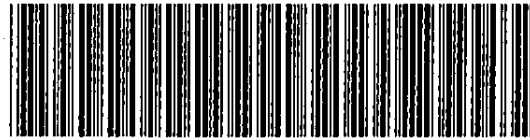
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100240186721

10/08/12--01009--008 **78.75

W2-51774

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 22 PM 4:15

FILED

10/23/13
3

COVER LETTER

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

SUBJECT: **NATURAL NUTRITION CORP.**

(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: **BOLIVAR QUINONES**

Name (Printed or typed)

4759 SW 7 STREET

Address

MIAMI, FLORIDA 33134

City, State & Zip

3059782338

Daytime Telephone number

boq@bellsouth.net

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2012

BOLIVAR QUINONES
4759 SW 7 STREET
MIAMI, FL 33134

SUBJECT: NATURAL NUTRITION CORP.
Ref. Number: W12000051778

We have received your document for NATURAL NUTRITION CORP. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00024954

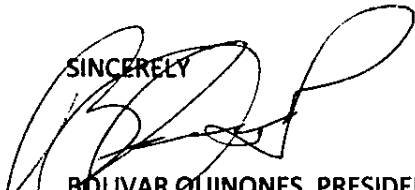
MR. TIM BURCH
REGULATORY SPECIALIST
NEW FILING SECTION

MIAMI, FLA. 17 OCT 2012

IN REFERENCE TO LETTER NUMBER: 012A00024954

I HAVE INCLUDED A LETTER STATING THAT WE HAVE NO INTENTION OF REINSTATING
NATURAL NUTRITION CO. AND THEREFORE RELEASING THE NAME FOR USE TO
ANOTHER ENTITY.

SINCERELY



BOLIVAR QUINONES, PRESIDENT
NATURAL NUTRITION CO
4759 SW 7 STREET
MIAMI, FLORIDA

RECEIVED
12 OCT 22 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

natural nutrition corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4759 sw 7 street
miami, florida 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
weight loss and nutrition

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: bolivar quinones president
Address: 4759 sw 7 street
miami, florida

Name and Title: _____
Address: _____

Name and Title: maria alvarez v.p.
Address: 4759 sw 7 street
miami, florida 33134

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: bolivar quinones
Address: 4759 sw 7 street
miami, florida

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: bolivar quinones
Address: 4759 sw 7 street
miami, florida 33134

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

october 4, 2012

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

october 4, 2012

Date

FILED
12 OCT 22 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL