

PI3000009451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

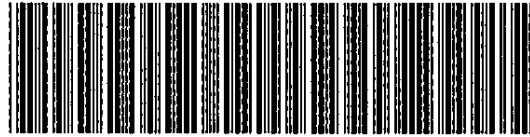
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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13 JAN 28 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4122-213

## COVER LETTER

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

**SUBJECT:** Natural Health Solutions, 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:** Tomasina Rodriguez

Name (Printed or typed)

2523 Reed Ave

Address

Melbourne, FL 32901

City, State & Zip

321-591-5501

Daytime Telephone number

tomasina\_nuez@yahoo.com ✓

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

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

FILED  
13 JAN 28 AM 11:50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2013

TOMASINA RODRIGUEZ  
2523 REED AVE  
MELBOURNE, FL 32901

SUBJECT: NATURAL HEALTH SOLUTIONS, INC  
Ref. Number: W13000002214

We have received your document for NATURAL HEALTH SOLUTIONS, INC and your check(s) totaling \$70.00. 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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 413A00000830

**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 Health Products, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Natural Health Products, Inc.

2523 Reed Ave.

Melbourne, FL 32901

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose for which the corporation is organized is: Any Legal business enterprise.

**ARTICLE IV SHARES**

The number of shares of stock is: The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John Fetko-President

Name and Title: \_\_\_\_\_

Address 13501 SW 136th Ave.

Address: \_\_\_\_\_

Suite 204

Miami, FL 33186

Name and Title: Tomasina M. Rodriguez- Vice President

Name and Title: \_\_\_\_\_

Address 2523 Reed Ave.

Address: \_\_\_\_\_

Melbourne, FI 32901

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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13 JAN 28 AM 11:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: Tomasina M. Rodriguez  
Address: 2523 Reed Ave.  
Melbourne, FL 32901

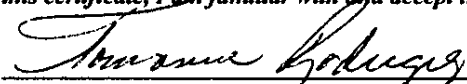
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Tomasina M. Rodriguez  
Address: 2523 Reed Ave.  
Melbourne, FL 32901

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

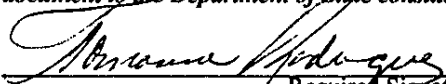
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/20/13  
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

1/20/13  
Date