

P13000017425

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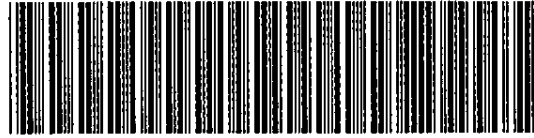
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: INSTITUT INTERNATIONAL DE NATUROPATHIE, 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: Maignan Jean-Baptiste
Name (Printed or typed)

12670 NE 14th AVE
Address

NORTH MIAMI FLORIDA, 33161
City, State & Zip

(786) 548-9416
Daytime Telephone number

Enochmiller@hotmail.com
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

February 11, 2013

MAIGNAN JEAN-BAPTISTE
12620 N.E. 4TH AVE.
NORTH MIAMI, FL 33161

SUBJECT: INSTITUT INTERNATIONAL DE NATUROPATHIE, INC.
Ref. Number: W13000008258

We have received your document for INSTITUT INTERNATIONAL DE NATUROPATHIE, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 913A00003291

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: INSTITUT INTERNATIONAL DE NATUROPATHIE
, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13500 NE 3rd Court
North Miami FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EDUCATION CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MALGAN JEAN-BAPTISTE, Name and Title:

PRESIDENT

Address 13500 NE 3rd Court #228 Address:

NORTH-MIAMI, FL 33161

Name and Title: ^{DR.} ENOCH MILIEN, V.P., Name and Title:

Address 13500 NE 3rd Court #228 Address:

NORTH-MIAMI, FL 33161

Name and Title: MIRANDA BRANDT MILIEN, Name and Title:

SECRETARY

Address 13500 NE 3rd Court #228 Address:

NORTH-MIAMI, FL 33161

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: DR. MAIGNAN JEAN-BAPTISTE

Address: 13500 NE 3rd COURT #225
NORTH MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR. MAIGNAN JEAN-BAPTISTE

Address: 13500 NE 3rd COURT #225
NORTH MIAMI, FL 33161

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

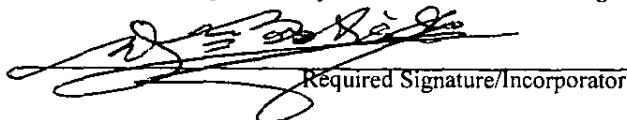


Required Signature/Registered Agent

02-05-13

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

02-05-13

Date