



COVER LETTER

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

RECEIVED  
13 MAR 11 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Natural Perfection 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: Lorraine Patterson  
Name (Printed or typed)

3916 W. Platt Street  
Address

Tampa Florida 33609  
City, State & Zip

813 465 4493  
Daytime Telephone number

Lorep861@yahoo.com  
E-mail address: (to be used for future annual report notification)

FILED  
13 MAR 11 PM 3:13  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2013

LORRAINE PATTERSON  
3916 W. PLATT STREET  
TAMPA, FL 33609

SUBJECT: NATURAL PESFECTION INC.  
Ref. Number: W13000001147

We have received your document for NATURAL PESFECTION 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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.

The registered agent must sign accepting the designation.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 613A00000403

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 11 PM 3:13

**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 Perfection Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3916 W Platt Street  
Tampa Florida  
33609

Mailing address, if different is:

P.O. Box 25183  
Tampa Florida  
33622

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide exceptional  
Customer Service to diverse markets  
with integrity and humility.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Dir. Lorraine Patterson Name and Title: \_\_\_\_\_

Address 3916 W Platt Street Address: \_\_\_\_\_  
Tampa FL 33609

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

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

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

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

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DIVISION OF CORPORATIONS  
13 MAR 11 PM 3:14

(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: Lorraine Patterson  
Address: 3916 W Platt Street  
Tampa FL 33609

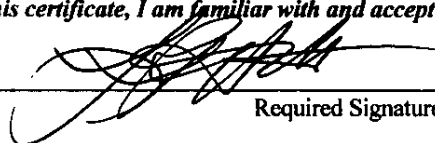
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lorraine Patterson  
Address: 3916 W Platt Street  
Tampa FL 33609

*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

2/07/2013  
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

2/07/2013  
Date