

P13000080820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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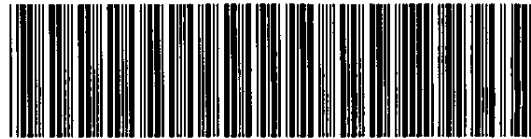
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/13--01014--003 **70.00

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13 SEP 30 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **OMNI PURE LIFE PRODUCTS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **PATRICA LANDERS**
Name (Printed or typed)

7805 ELLIS RD.
Address

MELBOURNE, FL, 32904
City, State & Zip

321-258-7689
Daytime Telephone number

planders1@cfl.rr.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: OMNI PURE LIFE PRODUCTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7805 ELLIS RD.

MELBOURNE, FL

32904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distribution and internet sales of natural personal care and household cleaning products.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrica Landers-Pres.

Name and Title: Susan Lamm

Address: 7676 Northern Oak St.
Melbourne, Fl. 32904

Address: 259 Timber Run Way
Cocoa, Fl. 32926

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

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:

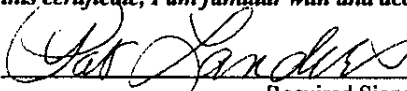
Name: Pat Landers
Address: 7676 Northern Oak St.
Melbourne, Fl.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pat Landers
Address: 7676 Northern Oak St.
Melbourne, Fl. 32904

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

9/26/2013
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

9/26/2013
Date

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