

F/4000009228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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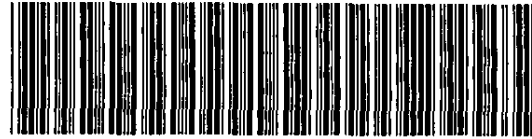
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 23 AM 9:59
TALLAHASSEE, FLORIDA

K 01/31/14

COVER LETTER

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

SUBJECT: SUPER NATURAL 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
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: JOSE FERNANDO ARISTIZABAL
Name (Printed or typed)

100 LAKEVIEW DR. # 208
Address

WESTON, FL 33326
City, State & Zip

954-520-8452
Daytime Telephone number

hgseeds@aol.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: SUPER NATURAL PRODUCTS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 LAKEVIEW DR #208
WESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Production and marketing of natural products

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE FERNANDO ARISTIZABAL - President Name and Title: _____

Address 100 Lakeview Dr #208 Address: _____
Weston, FL 33326

Name and Title: LILIANA U. ARISTIZABAL - Secretary Name and Title: _____

Address 100 Lakeview Dr #208 Address: _____
Weston, FL 33326

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: JOSE FERNANDO ARISTIZABAL

Address: 100 Lakeview Dr #208
Weston, FL 33326

14 JAN 23 AM 9:59
STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE FERNANDO ARISTIZABAL

Address: 100 Lakeview Dr #208
Weston, FL 33326

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

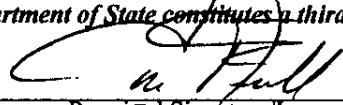


Required Signature/Registered Agent

1/21/14

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

1/21/14

Date