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DIVISION OF CORPORATIONS  
14 APR - 1 PM 3:00

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## COVER LETTER

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

SUBJECT: **INATURESS 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: **Julia Greenberg-Aguilar**

Name (Printed or typed)

**1 Radisson Plaza, Suite 800**

Address

**New Rochelle, NY 10801**

City, State & Zip

**877-330-2677**

Daytime Telephone number

**inaturess@gmail.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: INATURESS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10475 NW 43 TERR

MIAMI, FL 33178

Mailing address, if different is:

10475 NW 43 TERR

MIAMI, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide Services and Sales of Distribution of Beauty Products

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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14 APR - 1 PM 3:01

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

Name and Title: YOLANDA EDEN - PRESIDENT

Address: 10475 NW 43 TERR.  
MIAMI, FL, 33178

Name and Title: YOLANDA EDEN - TREASURER

Address: 10475 NW 43 TERR.  
MIAMI, FL, 33178

Name and Title: YOLANDA EDEN - VICEPRESIDENT

Address: 10475 NW 43 TERR.  
MIAMI, FL, 33178

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

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

Name and Title: YOLANDA EDEN - SECRETARY

Address: 10475 NW 43 TERR.  
MIAMI, FL, 33178

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

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

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: Incorp Services, Inc

Address: 17888 67th Court North  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

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

Name: MYUSACORPORATION.COM

Address: 1 Radisson Plaza, Suite 800  
New Rochelle, NY 10801

*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*

*J. G. Hunter (Money-in-fact)*  
Required Signature/Registered Agent

03/28/2014

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.*

*J. G. Hunter*  
Required Signature/Incorporator

03/28/2014

Date

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

**TERMINATION:** Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2014.

  
Aurora Murtey, Secretary

Dated: December 09, 2013

Signed in my presence this the 10<sup>th</sup> day of December 2012 by Aurora Murtey, State of Nevada.  
County of Clark

  
Notary Public in the State of Nevada

