

P 14000029937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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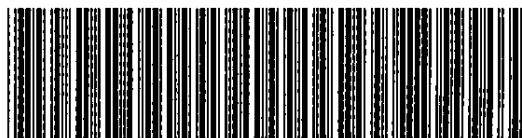
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 31 PM 2:16

for 4/3/14

COVER LETTER

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

SUBJECT: Naturally Livewell Incorporated
(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: Brian Pfeiffer
 Name (Printed or typed)

5663 S.W. Quail Hollow St.
 Address

Palm City, FL 34990
 City, State & Zip

772-215-5870
 Daytime Telephone number

healthyvisions at live.com
 E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS
14 MAR 31 PM 2:16

ARTICLE I NAME

The name of the corporation shall be: Naturally Livewell Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5663 SW Quail Hollow St.

Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing & Sales Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Pfeiffer / President Name and Title: _____

Address 5663 SW Quail Hollow St. Address: _____

Palm City, FL 34990

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: Brian E Pfeiffer
Address: 5663 S.W. Quail Hollow St.
Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian E. Pfeiffer
Address: 5663 S.W. Quail Hollow St.
Palm City, FL 34990

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

Brian E. Pfeiffer 3/27/2014
Required Signature Registered Agent 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.

Brian E. Pfeiffer 3/27/2014
Required Signature Incorporator Date

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