

P14000046552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

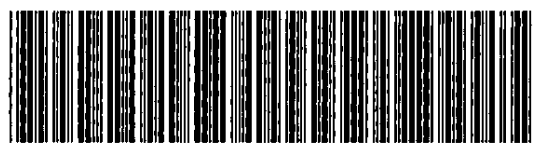
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01023--021 **87.50

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14 MAY 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

a 05/29/14

COVER LETTER

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

SUBJECT: Seeds of Health and Wealth Corp

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Elder E Cruz
Name (Printed or typed)

1465 Garden Road
Address

Weston, FL 33326
City, State & Zip

954-210-3641
Daytime Telephone number

elder.cruz101@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: Seeds of Health and Wealth Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1465 Garden Road

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide the sale and marketing of nutritional products.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elder E. Cruz-Lopez, President

Address: 1465 Garden Road
Weston, FL 33326

Name and Title: Juan Luis Lopez, Senior VP

Address: 1465 Garden Road
Weston, FL 33326

Name and Title: Divante Cruz, VP

Address: 1465 Garden Road
Weston, FL 33326

Name and Title: Samantha Mensah, VP

Address: 1465 Garden Road
Weston, FL 33326

Name and Title: _____

Address: _____

Name and Title: _____

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: Elder Cruz

Address: 1465 Garden Road
Weston, FL 33326

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elder Cruz

Address: 1465 Garden Road
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

Elder Cruz _____ 5/22/2014
 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.

Elder Cruz _____ 5/22/2014
 Required Signature/Incorporator Date