

P14000081552

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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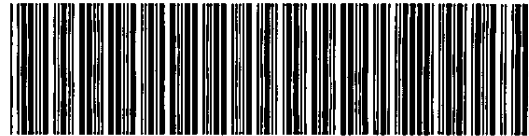
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT -3 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J* 10/16/14

## COVER LETTER

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

**SUBJECT:** Nature Coast Natural Health, 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:** Melisa A. Smith, DNH, LSH, CRTS, CTN

Name (Printed or typed)

102 SE 7th Avenue

Address

Williston, FL 32696

City, State & Zip

(352) 281-0202

Daytime Telephone number

melisa.a.smith@gmail.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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TALLAHASSEE, FL 32314

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**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: Nature Coast Natural Health, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

102 SE 7th Avenue

Williston, FL 32696

Mailing address, if different is: 14 OCT -3 PM 3:46

Same

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Natural health consulting, including modalities such as Raindrop Technique, Vitaflex, and Emotional Release.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Melisa A. Smith, Pres., Sec., and Director

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

Address 102 SE 7th Avenue

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

Williston, FL 32696

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

Name and Title: Melisa A. Smith, DNH, LSH, CRTS, CTN Name and Title: \_\_\_\_\_  
Address: 102 SE 7th Avenue Address: \_\_\_\_\_  
Williston, FL 32696 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Melisa A. Smith, DNH, LSH, CRTS, CTN  
Address: 102 SE 7th Avenue  
Williston, FL 32696

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Melisa A. Smith, DNH, LSH, CRTS, CTN  
Address: 102 SE 7th Avenue  
Williston, FL 32696

*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*

Melisa A. Smith 9/29/14  
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.*

Melisa A. Smith 9/29/14  
Required Signature/Incorporator Date

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