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COVER LETTER

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

Na SUBJECT:	ature's Fire Inc.		
SUBJECT.	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	n original and one (1) copy of the a	rticles of incorporation and	d a check for:
□ \$70. Filing F		□ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM	Russell A Pitts	ne (Printed or typed)	
	5385 Christensen RD		
		Address	
	Fort Pierce FI, 34981		
City, State & Zip			
	616 822 2465		
	Daytime '	Telephone number	
	prapitts@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)

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

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

TICLÉ II PR	INCIPAL OFFICE		
ARTICLE II PRINCIPAL OFFICE Principal street address		Ì	Mailing address, if different is:
85 Christense	n RD		· ·
ort Pierce FL 3	4981		
	···		
TICLE III PU	RPOSE to ope	erate a cafe. gift s	shop, and bookstore that will o
	the corporation is organized is: magazines, household goods		
	ding, but not limited to: juices,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
epared in a wo	ood fired over, and on site cons	sumption of beer a	and wine. The company will
er workshops	and classes and such other ac	ctivities as are per	rmitted by law.
· · · · · · · · · · · · · · · · · · ·			
	IARES 20		
PTICLE IV SP.			
e number of shares of	of stock is:		
e number of shares of	of stock is: ITIAL OFFICERS AND/OR DIREC	TORS	
e number of shares of	of stock is: ITIAL OFFICERS AND/OR DIREC Lori Grusnis, President		Russell Pitts, Sec/Treas
e number of shares of the state	of stock is: ITIAL OFFICERS AND/OR DIREC Lori Grusnis, President	Name and Title	
e number of shares of	of stock is: ITIAL OFFICERS AND/OR DIREC Lori Grusnis, President tle:		` <u> </u>
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e number of shares of the state	of stock is: ITIAL OFFICERS AND/OR DIREC Lori Grusnis, President tle: 5385 Christensen RD	Name and Title Address:	5385 Christensen RD Fort Pierce FL 34981
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Name and Tit Address Address	ITIAL OFFICERS AND/OR DIREC Lori Grusnis, President tle: 5385 Christensen RD Fort Pierce FL 34981	Name and Title Address: Name and Title Address: Name and Title Address: Name and Title	Fort Pierce FL 34981

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptab Russell Pitts	e) of the registered agent is:
Address:	5385 Christensen RD	
	Fort Pierce FL 34981	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Russell Pitts	
Address:	5385 Christensen RD	
	Fort Pierce FL 34981	
Having been nam this certificate, I a	ned as registered agent to accept service of pre m familiar with and accept the appointment a Required Signature/Registered Agent	ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity Date
I submit this docu		are true. I am aware that the false information submitted in a
document to the I	Department of State constitutes a third degree j	Felony as provided for in s.817.155, F.S.
- ja	Required Signature/Incorporator	