

P15000017495

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023-15-18

COVER LETTER

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

SUBJECT: Back To Eden Natural Health Center, 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

<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: Claire Duboiran
Name (Printed or typed)

12555 Biscayne Blvd # 464
Address

North Miami, FL 33181
City, State & Zip

786-356-2196
Daytime Telephone number

ketoue@live.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: Back To Eden Natural Health Center, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12555 Biscayne Blvd # 464

North Miami, Fl 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares at \$ 1.00 per value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claire Duboiran, President

Address: 12555 Biscayne Blvd # 464
North Miami, Fl 33181

Name and Title: Claire Duboiran, Secretary

Address: 12555 Biscayne Blvd # 464
North Miami, Fl 33181

Name and Title: Claire Duboiran, Treasurer

Address: 12555 Biscayne Blvd # 464
North Miami, Fl 33181

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Claire Duboiran

Address: 12555 Biscayne Blvd # 464

North Miami, FL 33181

ARTICLE VII INCORPORATOR

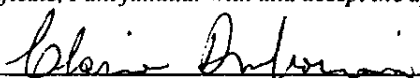
The name and address of the Incorporator is:

Name: Claire Duboiran

Address: 12555 Biscayne Biscayne Blvd # 464

North Miami, FL 33181

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


Required Signature/Registered Agent

02-13-15
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.


Required Signature/Incorporator

02-13-15
Date