# P15000051509

(Re	equestor's Name)	
(		
(Address)		
(Address)		
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
	·	·
(Document Number)		
Certified Copies	ertified Copies Certificates of Status	
<u> </u>		
Special Instructions to Filing Officer:		

Office Use Only



300273841373

06/10/15--01012--008 \*\*87.50

THE PHEN

#### **COVER LETTER**

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

SUBJECT: Net Mazza's Ma (PROPOSED CORPORA	agical Herbs yename- <u>mustincu</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM: Grace Anne Glav	(Printed or typed)	

Daytime Telephone number

910(eanne 22 @ M50. Com

E-mail àddress: (to be used for future annual report notification)

1340 Tuskawilla Rd. Suite 106 Address
Winter Springs, FL 32708
City, State & Zip

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

### ARTICLES OF INCORPORATION



#### FOR

#### NET MAZZA'S MAGICAL HERBS, INC.

The undersigned, acting as incorporators for this business corporation pursuant to Chapter 607 of the Florida Statutes, hereby form a Business Corporation under the laws of the State of Florida and adopt the following Articles of Incorporation for such corporation.

#### ARTICLE I NAME OF CORPORATION

The name of the corporation shall be NET MAZZA'S MAGICAL HERBS, INC.

## ARTICLE II TERM OF EXISTENCE

This corporation shall begin its corporate existence as of the 2015, and shall exist perpetually.

## ARTICLE III GENERAL PURPOSE

The general purpose for which this corporation is organized shall be general sales and service in addition to related activities and other services and all things in connection therewith that are related under the laws of the State of Florida. The business of the corporation shall be limited to the foregoing activities.

# ARTICLE IV CAPITAL STOCK

The maximum number of shares of capital stock that this corporation is authorized to issue and have outstanding at any time is One Thousand (1,000) shares of common stock, having a par value of One Dollar (\$1.00) per share.

## ARTICLE V REGISTERED OFFICE, REGISTERED AGENT, AND PRINCIPAL OFFICE

The street address of the initial Registered Office of the corporation in the State of Florida will be 1755 Whispering Forest Trail, Chuluota, FL 32766, and the name of the initial Registered Agent at such address is NATHANIEL THOMAS MAZZA, III.

The street address of the Principal Office of the corporation is 1755 Whispering Forest Trail, Chuluota, FL 32766.

#### ARTICLE VI DIRECTORS AND INCORPORATORS

The initial number of Directors of this corporation shall be two (2). The number of Directors may be increased or diminished from time to time with Bylaws adopted by the shareholders but shall never be less than two (2).

The name and address of the incorporator of this corporation and initial member of the Board of Directors, who shall hold office for the first year of existence of this corporation, or until his successor is elected or appointed and is qualified, is:

NAME	ADDRESS
NATHANIEL THOMAS MAZZA, III	1755 Whispering Forest Trail Chuluota, Florida 32766
JEANETTE MAZZA	1755 Whispering Forest Trail Chuluota, FL 32766

# ARTICLE VII AMENDMENT TO ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon shareholder(s) if subject to this reservation.

# ARTICLE VIII INDEMNIFICATION

The corporation shall indemnify any incorporator, officer, director, or any former incorporator, officer, or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned incorporators have made and subscribed these Articles of Incorporation at Winter Springs, Florida, on the day of, 2015.
NATHANIEL THOMAS MAZZA, IN
JEANETTE MAZZA (33)
STATE OF FLORIDA COUNTY OF SEMINOLE
BEFORE ME, the undersigned authority, personally appeared NATHANIEL THOMAS MAZZA, III, who has produced a <u>Holida</u> Driver's License No. <u>M266 -638 - 44 - 28 ? ? ?</u> , as identification and JEANETTE MAZZA, who produced a <u>Holida</u> Driver's License No. <u>M260 -433 45 - 22 ? ? ? .</u> , who have executed the foregoing Articles of Incorporation, and acknowledged that they subscribed the foregoing instrument for the uses and purposes set forth therein.
WITNESS my hand and official seal in the County and State last aforesaid this 3rd day of June, 2015.
BARBARA J. LAMBERT Commission # FF 086056 Expires February 18, 2018 Soonad that troy Fam Insurance 800-385-7019

## **Acknowledgment**

Having been named to accept service of process for the above stated corporation at the place designated in the Certificate, I hereby agree to act in this capacity and to comply with provisions of said Statutes relative to the proper and complete performance of my duties.

DATED this 3 day of Juva, 2015.

ATHANIEL THOMAS MAZZA, III

Page 3 of 3