Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002163243)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

fiter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email A	\ddress:					_
---------	----------	--	--	--	--	---

FLORIDA PROFIT/NON PROFIT CORPORATION NATURA PHARMACY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SEP. 1. 9 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

2

H15000216324

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 521, F.S. (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
NATURA PHARMACY, INC.	
ARTICLE II PRINCIPAL OFFICE:	Man d
The principal street address and mailing address is:	in the same
7951 Su 405 # 106	,
· · · · · · · · · · · · · · · · · · ·	- 4
Miami, FL. 33155	는 (15학) 보기
	-
RTICLE III SHARES: The number of shares of stock is:	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
LIBIO CALEJO PRESIDENT	
·	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	FSS:
The name and Florida street address (PO Box not acceptable) of the registered a	gent is:
LIBID CALETTO	
7951 SW 40 ST #106	
MIGMI FL 33155	_
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	ator is:
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	rator is:
	····

H15000216324

Required Signatures:

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

Registered Agent

9-8-15

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.

Incorporator

9-8-15

Date