

F16000014383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

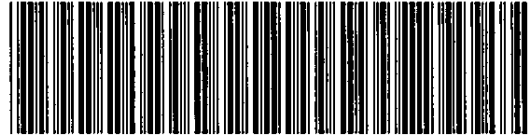
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-6725

Office Use Only



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01/19/16--01038--017 **78.75

16 FEB 12 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: MORGANIC AROMAS 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Freg Toth

Name (Printed or typed)

6510 NW 21ST ST

Address

SUNRISE FL 33313

City, State & Zip

954-394-8973

Daytime Telephone number

info@morganicaromas.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

GREG TOTH
6510 NW 21ST STREET
SUNRISE, FL 33313

SUBJECT: MORGANIC AROMAS INC.
Ref. Number: W16000006725

We have received your document for MORGANIC AROMAS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 716A00002055

ARTICLES OF INCORPORATION

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: MORGANIC AROMAS INC

16 FEB 12 AM 10:52

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different

6510 NW 21st
Sunrise FL 33313

P.O. Box 15391
FT. LAUD FL 33318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the sale of aromatic products
including aromatherapy herbs, incense, soaps & other misc.
organic products such as botanicals, teas, creams & more.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Greg Toth: CEO</u>	Name and Title:	_____
Address	<u>6510 NW 21st ST</u> <u>Sunrise FL 33313</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: 16 FEB 12 AM 10:52

Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Greg Toth
Address: 6510 NW 21st ST
Sunrise FL 33313

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Greg Toth
Address: 6510 NW 21st ST
Sunrise FL 33313


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/14/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/14/16

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

1/14/16

Date