

P17000032948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

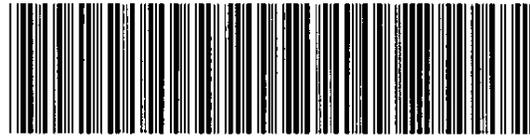
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 11 PM 2:19

RECEIVED  
2017 APR 11 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: NatureHealth Solutions 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: Salomon Vereen  
Name (Printed or typed)

7229 Jill Ln  
Address

Zephyrhills Florida 33540  
City, State & Zip

404-798-4013  
Daytime Telephone number

Salomon.Vereen725@yahoo.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: NatureHealth Solutions INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7229 Jill LN  
~~2229~~ Myrphills FL 33540

1316 S. Gibbs ST  
Walden Lake FL 33563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Natural products that promotes  
positive health solutions.

ARTICLE IV SHARES

The number of shares of stock is: 7000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Solomon Vereen Name and Title: CEO  
Address: 1316 S. Gibbs ST Address: \_\_\_\_\_  
Walden Lake FL 33563

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
17 APR 11 PM 2:19

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: Sdomon Keen  
Address: 1316 S. Gibbs ST  
Walden Lake FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sdomon Keen  
Address: 1316 S. Gibbs ST  
Walden Lake FL 33562

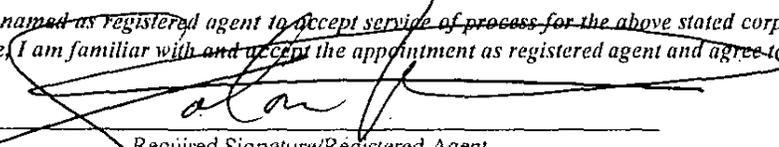
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/20/2009 (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.)

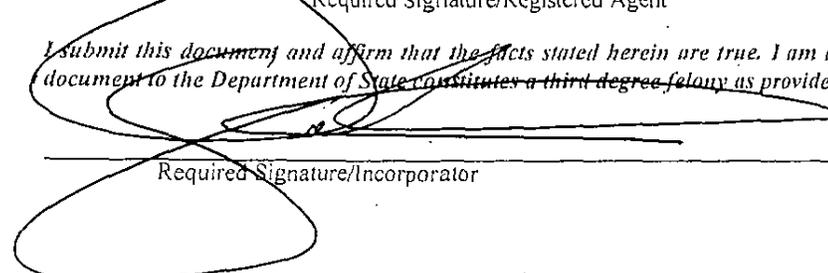
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/10/2017  
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

4/10/2017  
Date