

P170000 96489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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17 DEC -4 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 06 2017

K. Brumbley

REGISTERED AGENT FOR
NATURAL SPICES OF GRENADA, LLC

19821 NW 2ND AVENUE,
SUITE 165 • Miami Gardens • FL • 33169
Email: cwilson6201@gmail.com

November 7, 2017

Florida Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: NATURAL SPICES OF GRENADA L.L.C.
L16000070415 STATUS: INACT/UA

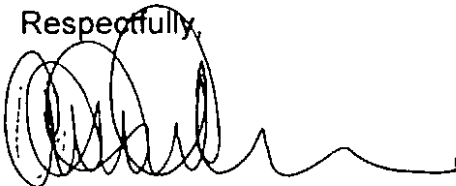
Dear Sirs:

I am writing with reference to the above corporation that is currently in Inactive status.

The directors and officers of the corporation have advised that they have no intention to refile and have authorized me to notify you to release the name to any entity that seeks to register or use this name.

Should you have any questions please do not hesitate to contact me at address above or 305-458-4413 or 305-620-9521

Respectfully,

A handwritten signature in black ink, appearing to read 'Colleen A. Wilson', with a long, wavy horizontal line extending to the right.

Colleen A. Wilson
Registered Agent for
Natural Spices of Grenada LLC

COVER LETTER

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

SUBJECT: NATURAL SPICES of GRENADA 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: EARL Allick
Name (Printed or typed)

21220 N. Miami Ave
Address

MIAMI GARDENS FL 33169
City, State & Zip

786-942-1965
Daytime Telephone number

Eallick@aol.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: NATURAL SPICES OF GRENADA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3134 S UNIVERSITY DR
MIAMI FL 33025

21220 N. Miami Ave
Miami FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Import and Sell
Spices

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EARL ALLICK PR Name and Title: ELIZABETH ALLICK VP

Address: 21220 N. Miami Ave Address: 21220 N. Miami Ave
Miami Gardens Fl Miami GARDENS
33169 FL 33169

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
17 DEC -4 PM 12:00
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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: Philip PETERS

Address: 2920 Birds Ave #2
Coconut Grove Miami FL
33133

ARTICLE VII INCORPORATOR

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

Name: Earl ALLICK

Address: 21220 N. Miami Ave.
Miami Gardens FL 33169

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

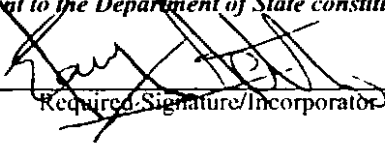
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/11/17
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

11/11/2017
Date