

MAR/05/2019/TUE

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
NATURE PHARMA CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

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: NATURE PHARMA CORPORATION

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1342 COLONIAL BLVD C20

FORT MYERS, FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICHARD VIERA (P)

Name and Title: _____

Address 1342 COLONIAL BLVD C20

Address: _____

FORT MYERS, FL 33907

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RICHARD VIERA
Address: 1342 COLONIAL BLVD C20
FORT MYERS, FL 33907

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RICHARD VIERA
Address: 1342 COLONIAL BLVD C20
FORT MYERS, FL 33907

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:

Richard Viera

Required Signature/Registered Agent

02/27/2019

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.

Richard Viera

Required Signature/Incorporator

02/27/2019

Date