

P19 600 064 475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

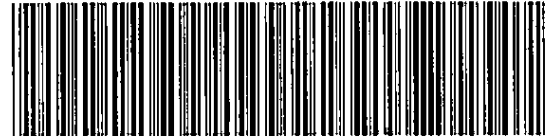
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 AUG -2 PM 6:25
FALL RIVER, MA

D O'KEEFE
AUG 16 2019

COVER LETTER

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

SUBJECT: Nature Ripe, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Melvin J Johnson Jr

Name (Printed or typed)

3941 NW 186 Street

Address

Miami Gardens, FL 33055

City, State & Zip

7869857945

Daytime Telephone number

mjohn1369@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: Nature Ripe, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
405 SFederal Hwy Dania, FL 33004

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A fruit and nut catching device that allows fruit to ripen naturally
on the tree and can be harvested faster and easier with a lot less rotting which gives us more fruit and nut production.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melvin J Johnson Jr / CEO, mngsr

Address: 3941 NW 186 St Miami Gardens FL 33055

Name and Title: Melvin J Johnson Sr / President, mngsr

Address: 3941 NW 186 St Miami Gardens FL 330

Name and Title: Analia Johnson / CFO, mngsr

Address: 3941 NW 186 St Miami Gardens FL 33055

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

19 AUG -2 PM 6:26
ALLIANCE BUSINESS CENTER

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: Melvin J Johnson Jr / CEO, mjr

Address: 405 SFederal Hwy Dania, FL 33004

ARTICLE VII INCORPORATOR

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

Name: Melvin J Johnson Jr / CEO, mjr

Address: 405 SFederal Hwy Dania, FL 33004

19 AUG -2 PM 6:26
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-14 BY 60322 UCBAW

ARTICLE VIII EFFECTIVE DATE:

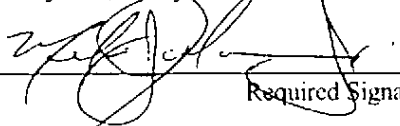
July 4, 2019

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

July 4, 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.



Required Signature/Incorporator

July 4, 2019

Date