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TALLAHASSEE, FLORIDA

D O'KEEFE  
NOV 12 2020

## COVER LETTER

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

SUBJECT: Nature's Antidote 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: Vincent F. ARNONE  
Name (Printed or typed)

4124 Vista Lago Circle #108  
Address

Kissimmee, FL 34741  
City, State & Zip

1-815-658-7160  
Daytime Telephone number

USOYINC@Gmail.com  
E-mail address: (to be used for future annual report notification)

EMAIL

**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's Antidote Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4124 Vista Lago Circle #108  
Kissimmee, FL 34741

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Lawfull Business.

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CLERK  
COUNTY CLERK  
HILLSBOROUGH COUNTY  
FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Vincent F. ARNONE Name and Title: President

Address 4124 Vista Lago Circle Address: \_\_\_\_\_  
Suite 108  
Kissimmee, FL 34741

Name and Title: Vincent F. ARNONE Name and Title: Secretary

Address 4124 Vista Lago Circle Address: \_\_\_\_\_  
Suite 108  
Kissimmee, FL 34741

Name and Title: Vincent F. ARNONE Name and Title: Director

Address 4124 Vista Lago Circle Address: \_\_\_\_\_  
Suite 108  
Kissimmee, FL 34741

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: Vincent F. Arnone

Address: 4124 Vista Lago Circle, Suite 108  
Kissimmee, FL 34741

**ARTICLE VII INCORPORATOR**

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

Name: Vincent F. Arnone

Address: 4124 Vista Lago Circle, Suite 108  
Kissimmee, FL 34741

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-1-2020 (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*

Vincent F. Arnone

Required Signature/Registered Agent

10-16-20

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.*

Vincent F. Arnone

Required Signature/Incorporator

10-16-20

Date