

11/30/21, 10:31 AM

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: UNIQUE97@LIVE.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
NATUREZ VIBEZ INC

Certificate of Status	1
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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:

NATUREZ VIBEZ INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2406 BISCOTTO CR

DAVENPORT, FL 33897

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATT DILL - PRESIDENT

Name and Title:

Address 2406 BISCOTTO CR

Address:

DAVENPORT, FL 33897

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: MATT DILL

Address: 2406 BISCOTTO CR

DAVENPORT, FL 33897

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MATT DILL

Address: 2406 BISCOTTO CR

DAVENPORT, FL 33897

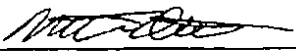
ARTICLE VIII EFFECTIVE DATE:

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

NOVEMBER 29, 2021
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

NOVEMBER 29, 2021
Date

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