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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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NATALYA HARDAN CAPITAL VENTURES, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

T.J.H

11/20/23

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

H23000398432

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

SUBJECT: Natalya Hardan Capital Ventures, 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: Stephanie E. Schenman, EA  
Name (Printed or typed)

3107 Peachtree Cir  
Address

Davie, FL 33328  
City, State & Zip

305-799-0064  
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

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**ARTICLES OF INCORPORATION**

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Natalya Hardan Capital Ventures, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

18051 Biscayne Blvd #1201

North Miami Beach, FL 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Nutrition and Wellness Education

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Natalya Hardan, Director

Name and Title: \_\_\_\_\_

Address 18051 Biscayne Blvd  
#1201

Address: \_\_\_\_\_

North Miami Beach, FL 33160

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_

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Address \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.

Address: 515 E. Park Avenue, 2nd FL

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Stephanie E. Schinman, EA

Address: 3107 Peachtree Cir

Davie, FL 33328

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11-17-23 (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*

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of

Capitol Corporate Services, Inc.

Required Signature/Registered Agent

11/17/2023

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.*

Stephanie E. Schinman

Required Signature/Incorporator

11-17-23

Date

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