

P95000068559

415 Chula Vista Ave.  
Lady Lake, FL 32159  
(Address)  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP - 1 PM 2:58

EFFECTIVE DATE  
8-29-95

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600001576196  
-09/01/95--01052--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SEP - 5 1995

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION  
OF  
NATURAL PATHWAYS, INC.

EFFECTIVE DATE  
8-29-95

ARTICLE I-NAME

The name of this corporation is  
NATURAL PATHWAYS, INC.

ARTICLE II-DURATION

This corporation shall exist perpetually, commencing on the  
day of signing

ARTICLE III-PURPOSE

This corporation is organized for the purpose of transacting  
any and all lawful business

ARTICLE IV-CAPITAL STOCK

This corporation is authorized to issue 7,500 shares of no  
par value common stock

ARTICLE V-PREEMPTIVE RIGHTS

Every shareholder, upon the sale of any new stock of this  
corporation of the same kind, class or series that which  
he/she already holds, shall have the right to purchase  
his/her pro rata share thereof (as nearly as may be done  
without issuance of fractional shares) at the price at which  
it is offered to others

ARTICLE VI-INITIAL PRINCIPAL OFFICE AND RESIDENT AGENT

The principal office address of this corporation is 415  
CHULA VISTA AVE. LADY LAKE, FLA. 32159 and the mailing  
address is the same as above. The initial registered agent  
of this corporation at that address is MARGERY A. BRUSKO.

ARTICLE VII-INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The  
number of directors may be increased or decreased from time  
to time by the by-laws, but shall never be less than one  
(1). The name and address of the initial director of this  
corporation is MARGERY A. BRUSKO, 415 CHULA VISTA AVE. LADY  
LAKE, FL 32159.

ARTICLE VIII-INCORPORATOR

The name and address of the person signing these articles is  
MARGERY A. BRUSKO 415 CHULA VISTA AVE. LADY LAKE FL 32159.

ARTICLE IX-POWERS

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The corporation shall have all of the corporate powers, as enumerated in the Florida General Corporation Act.

ARTICLE X-INDEMNIFICATION

No officer, director or stockholder shall be held personally liable when acting in official capacity on company business

The corporation shall indemnify any officer, director or stockholder, or any former officer, director or stockholder to the full extent permitted by law.

ARTICLE XI-AMENDMENTS

The corporation reserves the right to amend or repeal any provision contained in the Article of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 29th day of August 1995.

*Margery A. Brusho*

-----  
INCORPORATOR

I am familiar with the duties of resident agent, and hereby accept the position as resident agent of Natural Pathways, Inc.

*Margery A. Brusho*

-----  
RESIDENT AGENT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068559 (0)**

1. Corporation Name

**NATURAL PATHWAYS, INC.**

Principal Place of Business

Mailing Address

**415 CHULA VISTA AVE.  
LADY LAKE FL 32159**

**415 CHULA VISTA AVE.  
LADY LAKE FL 32159**

APPROVED  
AND  
FILED

96 JUL -2 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified <b>08/29/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3336411</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**BRUSKO, MARGERY A  
415 CHULA VISTA AVE.  
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (PO Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type 1 or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BRUSKO, MARGERY A</b>
STREET ADDRESS	<b>415 CHULA VISTA AVE.</b>
CITY - ST - ZIP	<b>LADY LAKE FL 32159</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>700001882257</b>
13 STREET ADDRESS	<b>-07/02/96--01135--035</b>
14 CITY - ST - ZIP	<b>***200.00 ***200.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Margery A. Brusko*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/24/96 (352) 753-4684**  
Date Daytime Phone #