

P97000010883

TRANSMITTAL LETTER

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

SUBJECT: Natural Wood Interiors Inc.  
(Proposed corporate name - must include suffix)

200002073552--6  
-01/30/97--01038--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michael T. Peters  
Name (Printed or typed)

641 S.W. Veronica Ave  
Address

Port St Lucie FLA 34953  
City, State & Zip

561-343-0649  
Daytime Telephone number

FILED  
97 JAN 30 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Handwritten signature/initials*

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED  
97 JAN 30 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Natural Wood Interiors Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

641 S.W. Veronica Ave  
Port St Lucie FIA 34953

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

4

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Milke Peters  
641 S.W. Veronica Ave  
Port St Lucie FIA 34953

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL T. PETERS  
641 SW VERNONIA AVE  
PORT ST. LUCIE FL. 34953

WILLIAM J. PETERS  
1641 SW GEMINI LA.  
PORT ST. LUCIE FL. 34953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24<sup>th</sup> day of JANUARY, 19 97.

(An additional article must be added if an effective date is requested.)

Michael T. Peters  
Signature

William J. Peters  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Natural Wood Interiors Inc

2. The name and address of the registered agent and office is:

Michael T Peters  
(NAME)

641 S.W. Veronica Ave  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Port St Lucie FL 34953  
(CITY/STATE/ZIP)

FILED  
97 JAN 30 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Michael T Peters  
(SIGNATURE)

1/24/97  
(DATE)