

Requestor's Name

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LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

FILED
97 AUG 11 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. NEW LIFE NATURAL PRODUCTS, INC.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 9110002111459 -- 9
1114107912 -- 011001 -- 011.

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

 Walk in

☒ Pick up time 2.00

 **Certified Copy**

 Mail out

☐ Will wait☐ Photocopy

Certificate of Status

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

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED
97 AUG -8 AM 11:35
DIVISION OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

CR2E031(1/95)

K.R. AUG 11 1997

K.R. AUG 08 1997

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 8, 1997

LAZARUS CORPORATE INDUSTRIES, INC.
890 SW 87 AVENUE
SUITE 16
MIAMI, FL 33174

SUBJECT: NEW LIFE NATURAL PRODUCTS, INC.
Ref. Number: W97000018377

We have received your document for NEW LIFE NATURAL PRODUCTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MAY LIST ONLY ONE REGISTERED AGENT AT A TIME.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 597A00040454

RECEIVED
97 AUG 11 AM 11:13
DIVISION OF CORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

New Life Natural Products, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1127 N.W. 22 Ave.

Miami, Fl, 33125.

ARTICLE III SHARES

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

100 Shares, having an individual par value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tony Novoa

Address: 1127 N.W. 22 Ave
Miami, Fl, 32125

ARTICLE V INCORPORATOR(S)

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

Tony Novoa

Jose Antonio Novoa

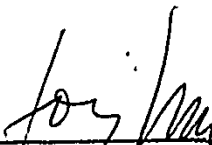
ARTICLE VI DIRECTOR(S)

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

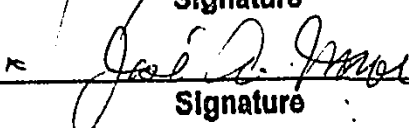
Tony Novoa - President 99% Shares

Jose A. Novoa Secretary/Treasurer 1% Shares

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 7 day of August, 1997.



Signature



Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: New Life Natural Products, Inc.
2. The name and address of the registered agent and office is:
Tony Novoa

(NAME)

1127 N.W. 22 Ave.

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl, 33125

(CITY/STATE/ZIP)

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.

SIGNATURE DATE 8/7/97

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TALLAHASSEE, FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00