

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

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SUBJECT:	Natural Body Harmony, Inc. (Proposed corporate name - must include suffix)			_
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Enclosed is an original at	nd one(1) copy of the artic	eles 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:	Maria R.	Parks		
	Name	(Printed or typed)	,	* =
	6404 Aberdeen Ave.		75 98 138 98)) tus
	Address			3 1
	New Port Richey, Fl 34653			
	City, State & Zip		T9	言う
	727-842-7992		LORI	
	Daytime	Telephone number	P	

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

2000 Section 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Natural Body Harmony, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6404 Aberdeen Ave.

New Port Richey, FI 34653

ARTICLE III

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

100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gordon E. Parks, Jr.

6404 Aberdeen Ave.

New Port Richey, FL 34653

The name and address of the incorporator to these Articles of Incorporation are:

Maria R. Parks 6404 Aberdeen Ave.

New Port Richey, Fl 34653

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

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/Registered Agent