

P99000034679

TRANSMITTAL LETTER

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

FILED
99 APR 14 PM 1:26
TALLAHASSEE, FLORIDA

SUBJECT: NaturaLoss, Inc.
(Proposed corporate name - must include suffix)

200002838852--6
-04/14/99--01055--016
*****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: Dr. Robert A. Peters
Name (Printed or typed)

1086 Creekford Drive
Address

Weston, FL 33326
City, State & Zip

954-878-1997
Daytime Telephone number

SHARON

APR 15 1999

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

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 NAME

The name of the corporation shall be:

~~XXXXXXXXXXXXXXX~~
NaturaLoss, INC.

ARTICLE II PRINCIPAL OFFICE

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

1086 Creekford Drive.
Weston, FL. 33326

ARTICLE III SHARES

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

One Thousand (1,000 shs)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. Robert A. Peters
1086 Creekford Drive
Weston, FL. 33326

ARTICLE V INCORPORATOR

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

DR. Robert A. Peters
1086 Creekford Drive
Weston, FL. 33326


Signature/Incorporator

4/14/99
Date

(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

4/14/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA