

TRANSMITTAL LETTER

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

P99 0000 78187

100002973571--8
-08/30/99-01086-012
*****78.75 *****78.75

SUBJECT: MEGALIFE NATURAL SYSTEMS, INC.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: ALEJANDRO DE FRANCISCO
Name (Printed or typed)

7471 NW 167 TERRACE
Address

MIAMI FL 33015
City, State & Zip

(305) 883-7777
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 30 PM 2:43

FILED

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

F. ORANGE SEP 1 1999

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:

MEGALIFE NATURAL SYSTEMS, INC

ARTICLE II PRINCIPAL OFFICE

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

7471 NW 167 TERRACE
MIAMI FL 33015

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALEJANDRO DE FRANCISCO
7471 NW 167 TERRACE
MIAMI FL 33015

ARTICLE V INCORPORATOR

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

ALEJANDRO DE FRANCISCO
7471 NW 167 TERRACE
MIAMI FL 33015

Alejandro
Signature/Incorporator
REGISTERED AGENT

08/23/99
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

SEE SIGNATURE ABOVE

Signature/Registered Agent

8-23-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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