https://ccfssl.dos.state.fl.us/scripts/efilcovr.exe

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000026522 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 : (305)716-0346 Fax Number

# FLORIDA PROFIT CORPORATION OR P.A.

## NATURAL NUTRITION SOLUTIONS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

B. McKnighi OCT 2 1 1999

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 20, 1999

FAS-T

3503487-6013

SUBJECT: NATURAL NUTRITION SOLUTIONS CORP.

REF: W99000024220

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ARTICLE 4 THE SPELLING OF FIRST NAME.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H99000026522 Letter Number: 599A00050632

## ARTICLES OF INCORPORATION

#### OF

# NATURAL NUTRITION SOLUTIONS CORP.

The undersigned hereby organizes a corporation for profit under the provisions of the Florida Business Corporation Act, and pursuant to the following Articles of Incorporation.

### ARTICLE 1

#### Name

The name of this corporation is: Natural Nutrition Solutions Corp.

### ARTICLE 2

### Mailing Address

The mailing address of this corporation is 9201 Country Bay Court, Orlando, Florida 32819.

## ARTICLE 3

#### **Shares**

This corporation is authorized to issue one hundred (100) shares of common stock with no par value.

## <u>ARTICLE 4</u>

## Initial Registered office and Agent

The street address of the initial registered office of this corporation is 9201 Country Bay Court, Orlando, Florida, 32819 and the name of the registered agent of this corporation at that address is Michelle L. Miller

## ARTICLE 5

#### Incorporator

The name and address of the person signing these Articles is:

Michelle L. Miller 9201 Country Bay Court Orlando, FL 32819

## ARTICLE 6

## Initial Board of Directors

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than one (1). The name and address of the initial director(s) of this corporation is/arc:

Michelle L. Miller 9201 Country Bay Court Orlando, FL 32819

The method of election of directors will be as stated in the Bylaws.

### ARTICLE 7

## Indemnification

The corporation may enter into indemnification agreements and adopt Bylaw provisions for indemnification of any officer or director, or any former officer or director. or may provide, at the corporation's election, for indemnification of any officer or director, or any former officer or director, without agreement or Bylaw provisions to the full extent permitted by law. The corporation shall not be subject to court-ordered indemnification pursuant to section 607.850(9), Florida statutes.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 18 day of October, 1999.

Michelle L. Milles

## STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 18 day of October. 1999, by Michelle L. Miller.

Sworn and subscribed to me this Sday of October 1999.

Michelle L. Miller

Produced Drivers License X Florida License Number M460.552-10 833 ()

angel L. Camacho.

# Acceptance of Registered Agent

Having been named as registered agent to accept service of process for the abovestated corporation at the place designated 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.

STATE OF FLORIDA COUNTY OF ORANGE

Michelle L. Miller

fattoriotre m.

Swom and subscribed to me this 199 day of October 1999.

Produced Drivers License Francisco 283 C. License Number M460 552 70 283 C.

Signature of Notary

ANGEL L. CAMACHOMy Comm Exp. 2/15/2003
Bonded By Service Ins.
No. CC809457

ype, Print, or Stamp of Notary

99 OCT 21 AMII: 13