

PD6000127956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

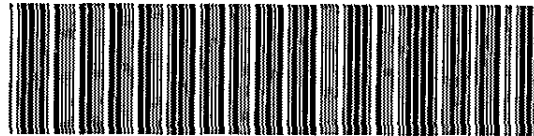
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/06 -01020--005 **78.75

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06 OCT -6 PM 1:28
TOLSON
SECRETARY OF STATE
FALLAHASSE, FLORIDA

D. WHITE OCT -6 2006

COVER LETTER

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

SUBJECT: CW WEIGHT LOSS CENTER INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JACKELINE FRANCO
Name (Printed or typed)

4595 HYPOLUXO RD UNIT 6
Address

LAKE WORTH FL 33463
City, State & Zip

561-789-6846
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2006

JACKELINE FRANCO
8564 TOURMALINE BLVD
BOYNTON BLVD BEACH, FL 33437

SUBJECT: CW WEIGHT LOSS CENTER INC.
Ref. Number: W06000042936

We have received your document for CW WEIGHT LOSS CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document must state the number of shares of authorized stock.

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) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 006A00058102

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CW WEIGHT LOSS CENTER INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4595 HYPOLUXO RD UNIT 6 LAKE WORTH FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WEIGHT LOSS CENTER

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JACKELINE FRANCO PRESIDENT
CARLOS FRANCO VICE PRESIDENT
4595 HYPOLUXO RD UNIT 6 LAKE WORTH FL 33643

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JACKELINE FRANCO
4595 HYPOLUXO RD UNIT 6 LAKE WORTH FL 33643

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JACKELINE FRANCO
4595 HYPOLUXO RD UNIT 6 LAKE WORTH FL 33463

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Jackeline Franco
Signature/Registered Agent

10-2-06
Date

Jackeline Franco
Signature/Incorporator

10-2-06
Date