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7p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inform You, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Monica Wilson

(Name of Person)

Inform You, Inc.

(Firm/Company)

11645 Beach Boulevard, Suite 101

(Address)

Jacksonville, Florida 32246

(City/State and Zip code)

For further information concerning this matter, please call:

Monica Wilson

(Name of Person)

at (904) 645-1740

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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***Inform You, Inc.
11645 Beach Boulevard, Ste 101
Jacksonville, FL 32246
(904) 928-9777***

January 15, 2004

Florida Department of State
Division of Corporations
ATTN: Lee Rivers
Post Office Box 6327
Tallahassee, FL 32314

RE: Inform You, Inc.
Your Reference No.: W03000039111

Dear Mr. Rivers:

Please be advised that I am in receipt of your letter dated December 23, 2003. Pursuant to your request, I am enclosing the original Certificate of Existence with Status in Good Standing for Inform You, Inc. In addition, I am enclosing a copy of your letter.

Thank you for your assistance in this matter. Should you have any questions please feel free to contact my office at 904-928-9777.

Sincerely,

Monica Wilson

Monica Wilson

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 23, 2003

MONICA WILSON
INFORM YOU, INC.
11645 BEACH BOULEVARD, SUITE 101
JACKSONVILLE, FL 32246

SUBJECT: INFORM YOU, INC.
Ref. Number: W03000039111

We have received your document for INFORM YOU, INC. and your check(s) totaling \$78.75 of which \$70.00 has been applied to file the other document(s)-leaving a balance of \$8.75 to file this document. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 403A00068520

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Inform You, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Inform of America, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NV

(State or country under the law of which it is incorporated)

3. 20-0362096

(FEI number, if applicable)

4. October 21, 2003

(Date of incorporation)

5.

(Duration: perpetual year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 11645 Beach Boulevard, Suite 101, Jacksonville, Florida 32246

(Principal office address)

Post Office Box 54105, Jacksonville, Florida 32245

(Current mailing address)

8. Provide counseling to persons who need to lose weight and sell supplements and products.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Chad Shultz

Office Address: 1309 St. Johns Bluff Rd, N, Ste 7
Jacksonville, Florida 32225
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Chad Shultz
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: **Fred Carter Wilson**

Address: **12302 Hunters Haven Lane**

Jacksonville, Florida 32224

Vice Chairman: **Monica Bishop Wilson**

Address: **12302 Hunters Haven Lane**

Jacksonville, Florida 32224

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **Fred Carter Wilson**

Address: **12302 Hunters Haven Lane**

Jacksonville, Florida 32224

Vice President: **Monica Bishop Wilson**

Address: **12302 Hunters Haven Lane**

Jacksonville, Florida 32224

Secretary: **Monica Bishop Wilson**

Address: **12302 Hunters Haven Lane**

Treasurer: **Fred Carter Wilson**

Address: **12302 Hunters Haven Lane**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

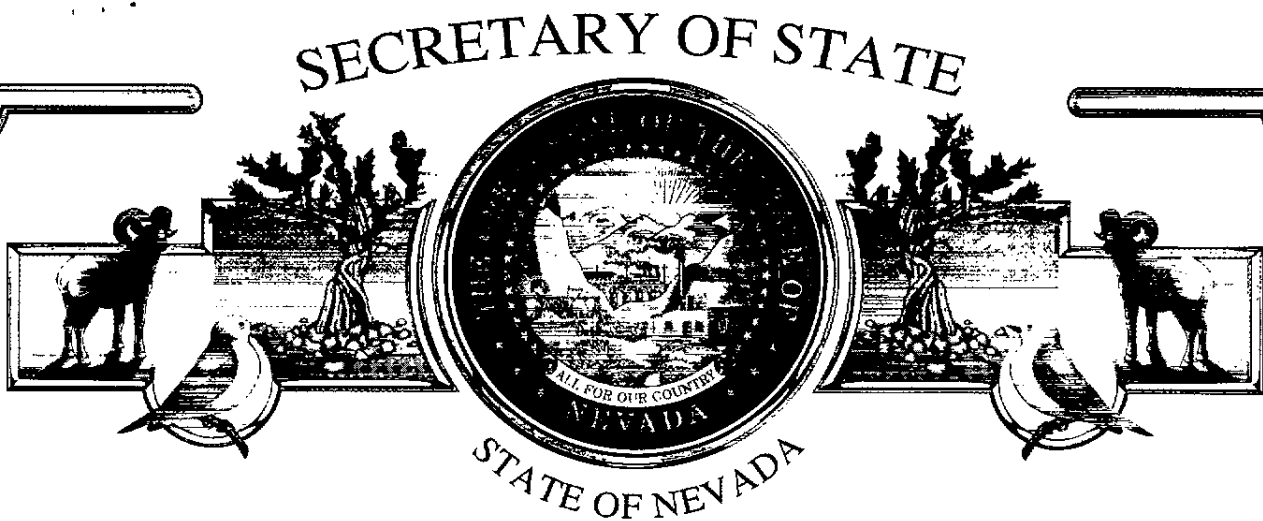
(Signature of Director or Officer listed in number 12 of the application)

14. _____

Fred Carter Wilson, President

(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INFORM YOU, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 21, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 7, 2004.

DEAN HELLER
Secretary of State

By

Certification Clerk



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