

F17000001183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-18798

6540

647, 638.75

Office Use Only



500296042175

03/03/17--01025--001 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR -3 AM 10:35

MAR 14 2017

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2017

WILLIAM MEISNER
IB ASSOCIATES, INC
6715 TUMBLEWEED TRAIL
LAKEWOOD, FL 34202

SUBJECT: IB ASSOCIATES, INC.
Ref. Number: W17000018798

We have received your document for IB ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 617A00004225

17 MAR -3 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IB Associates, 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," or "Certificate of Good Standing" 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:

William Meisner

Name of Person

IB Associates, Inc.

Firm/Company

6715 Tumbleweed Trail

Address

Lakewood, FL 34202

City/State and Zip code

usdreams2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Stachowski CPA

816

436-4006

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

17 MAR -3 AM 10:46
TALLAHASSEE, FL 32301
SECRETARY OF STATE

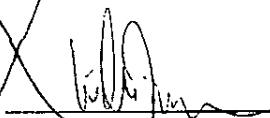
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. IB Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- I love nutrition
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri 3. 45-0604961
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/08/2011 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5905 53rd Ave E, Bradenton, FL 34203
(Principal office address)
- Same as above
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: William Meisner
- Office Address: 6715 Tumbleweed Trail
Lakewood, Florida 34202
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

17 MAR -3 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Isabella Meisner
6715 Tumbleweed Trail
Address: Lakewood, FL. 34202

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

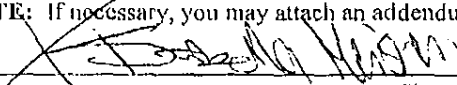
President: Isabella Meisner
6715 Tumbleweed Trail
Address: Lakewood, FL.

Vice President: _____
Address: _____

Secretary: William Meisner
6715 Tumbleweed Trail, Lakewood, FL 34202
Address: _____

Treasurer: _____
Address: _____

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Isabella Meisner
(Typed or printed name and capacity of person signing application)

17 MAR -3 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL 32304

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

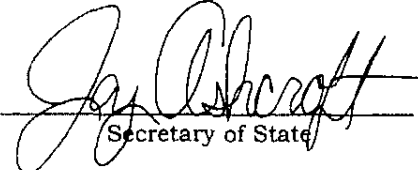
CERTIFICATE OF RESCISSION

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, hereby certify that the forfeiture/administrative dissolution entered against

IB Associates, Inc.
01124956

on 10/26/2016, as provided in the General and Business Corporation Law was this day rescinded, and said corporation was on this date hereby restored to good standing in the records of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of February, 2017.


Secretary of State



17 MAR - 5 AM