

N09000006/53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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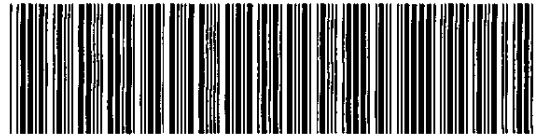
(Business Entity Name)

(Document Number)

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AND  
FILED

09 JUN 22 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature/initials

## COVER LETTER

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

SUBJECT: Body of Light Therapy, 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

**ADDITIONAL COPY REQUIRED**

FROM: Linda Shoenberger  
Name (Printed or typed)

2840 Proctor Road  
Address

Sarasota, FL 34231  
City, State & Zip

941-650-0575  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2009

LINDA SHOENBERGER  
2840 PROCTOR ROAD  
SARASOTA, FL 34231

SUBJECT: BODY OF LIGHT THERAPY, INC.  
Ref. Number: W09000025274

We have received your document for BODY OF LIGHT THERAPY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 309A00018203

APPROVED  
AND  
FILED

09 JUN 22 PM 2:10

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Body of Light Therapy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2840 Proctor Rd. Sarasota, FL 34231

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Body of Light Therapy, Inc., (from here to be referred to as 'The Center') is to be a discounted or free clinic for those needing bodywork therapy and can't afford treatment. The Center will be funded by grants, fundraising and donations. The grants will also be used to support research in bodywork therapies for the populations indicated by the grants, or by the directors.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors are appointed by the people who visualized The Center's inception.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Andrew Schwartz, President 4252 Luawana Dr. Sarasota, FL 34241  
Jessica Shoenberger, Vice President 8118 Coash Rd. Sarasota, FL 34241  
Barbara Holden, Secretary 225 Jason Dr. Sarasota, FL 34238  
Dwight Holden, Treasurer 225 Jason Dr. Sarasota, FL 34238  
Linda Shoenberger, Director 2840 Proctor Rd. Sarasota, FL 34231  
Dell Dell'Armo, Director P.O. Box 3093 Sarasota, FL 34230

2840 Proctor Rd 34231

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Linda Shoenberger 2840 Proctor Rd Sarasota, FL 34231

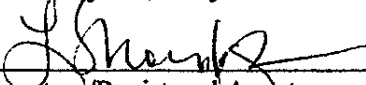
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

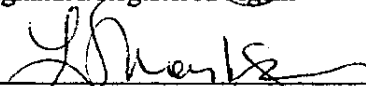
Linda Shoenberger  
2840 Proctor Road  
Sarasota, FL 34231

\*\*\*\*\*

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.

  
\_\_\_\_\_  
Signature/Registered Agent

5/26/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/26/09  
\_\_\_\_\_  
Date