

N20000003724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

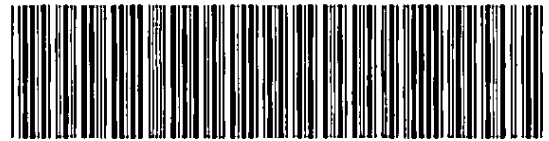
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100342488551

03/31/20--01002--002 **78.75

2020 MAR 31 PM 3:54
TALLAHASSEE, FL 09H51

COVER LETTER

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

SUBJECT: Embodied Intimacy 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Rachel Rickards
Name (Printed or typed)

36 SW Riverway Blvd.
Address

Palm City, FL 34990
City, State & Zip

(561) 309-6933
Daytime Telephone number

EmbodiedIntimacy@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: Embodied Intimacy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

36 SW Riverway Blvd. Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a pragmatic, experiential education in
intamcy and relating.

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Rickards, CEO

Name and Title: Buster Radvik, COO

Address 36 SW Riverway Blvd
Palm City, FL
34990

Address: 36 SW Riverway Blvd
Palm City, FL
34990

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rachel Rickards

Address: 36 SW Riverway Blvd

Palm City, FL 34990

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rachel Rickards

Address: 36 SW Riverway Blvd

Palm City, FL 34990

2020 MAR 31 PM 3:54
TALLAHASSEE, FL 06107

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Rachel Rickards

Required Signature/Registered Agent

03-26-2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Rachel Rickards

Required Signature/Incorporator

03-26-2020

Date

COVER LETTER

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

SUBJECT: Embodied Intimacy 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Rachel Rickards

Name (Printed or typed)

36 SW Riverway Blvd.

Address

Palm City, FL 34990

City, State & Zip

(561) 309-6933

Daytime Telephone number

EmbodiedIntimacy@gmail.com

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

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

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: Embodied Intimacy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

36 SW Riverway Blvd. Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a pragmatic, experiential education in
intamcy and relating.

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Rickards, CEO

Name and Title: Buster Radvik, COO

Address 36 SW Riverway Blvd
Palm City, FL
34990

Address: 36 SW Riverway Blvd
Palm City, FL
34990

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rachel Rickards

Address: 36 SW Riverway Blvd

Palm City, FL 34990

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rachel Rickards

Address: 36 SW Riverway Blvd

Palm City, FL 34990

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

Rachel Rickards

Required Signature/Registered Agent

03-26-2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Rachel Rickards

Required Signature/Incorporator

03-26-2020

Date