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TRANSMITTAL LETTER

FILED

01 JUN -4 AM 7:29

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT:

WEIGHTLOSSMAX INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004339428--9

-06/04/01--01053--005

*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

JOHN SCHOEMAN

Name (Printed or typed)

4385 CREEKSIDE BLVD

Address

CREEKSIDE, FL 34746

City, State & Zip

(407) 913 2689

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of filing a corporation under the Florida Business Corporation Act, hereby adopts the following Articles Of Incorporation.

ARTICLE 1 - NAME

The name of the corporation shall be:

WEIGHTLOSSMAX INC.

ARTICLE II - PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

4385 Creekside Blvd. Kissimmee, Fl 34741

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100 shares of no par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

JOHN SCHOEMAN 4385 Creekside Blvd. Kissimmee, Fl 34741

ARTICLE V - INCORPORATOR

The name and address of the incorporator in the Articles of Incorporation are:

JOHN SCHOEMAN 4385 Creekside Blvd. Kissimmee, Fl 34741


Signature/Incorporator

05/31/2001
Date

Having been named registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with all the provisions of all Statutes relating to the proper complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

05/31/2001
Date

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TALLAHASSEE FLORIDA