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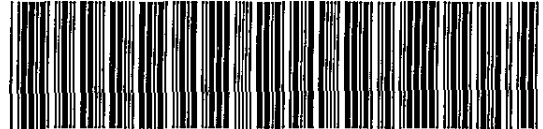
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/15/03

FILED  
03 FEB 14 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327 409 East Gaines St.  
Tallahassee, FL 32314 Tall, FL 32399

SUBJECT: A Body Awareness, 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

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Jason R. Moulton  
Name (Printed or typed)

660-A North Fenton Blvd.  
Address

Crestview, FL 32536  
City, State & Zip

850-689-1474  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION FOR**

**A BODY AWARENESS, INC.**

RECEIVED  
02/15/03

I, the undersigned, hereby make, subscribe and acknowledge and sign this certificate for the purpose of becoming a corporation under the laws of the state of Florida.

**ARTICLE I - NAME**

The name of this corporation is A Body Awareness, Inc.

**ARTICLE II- NATURE OF BUSINESS**

The corporation may engage in any activity or business permitted under the laws of the United States and of this State.

03 FEB 14 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE III- INITIAL CAPITAL**

The amount of capital with which this corporation will commence business with shall not be less than One Hundred Dollars (\$100.00).

**ARTICLE IV- STOCK**

The amount of capital stock authorized shall be One Hundred (100) shares of common stock, with a par value of One Dollar (\$1.00) per share.

**ARTICLE V- CORPORATE EXISTENCE DATE**

The corporate existence date of this corporation is February 15, 2002.

**ARTICLE VI - TERM OF EXISTENCE**

The corporation is to exist perpetually.

**ARTICLE VII- INITIAL STREET ADDRESS AND  
MAILING ADDRESS OF CORPORATION**

The initial street address in this state of the principal registered office of the corporation is 2343 Crane Lane, Crestview, Florida 32536, and the initial registered agent at said address is Lisa Burke. The mailing address of the Corporation is 2343 Crane Lane, Crestview, Florida 32536.

### **ARTICLE VIII- ORGANIZATION**

This corporation, pursuant to the authority vested in Section 607.0801 and 607.0732(1), Fla. Stat., is to have no board of directors and said corporation shall be managed by its stockholders rather than a board of directors, and the stockholders shall elect the officers and otherwise run the corporation in the place and stead of a board of directors.

### **ARTICLE IX- SUBSCRIBERS AND INCORPORATORS**

The names and street addresses of the subscribers and incorporators of these Articles of Incorporation and the number of shares of stock they are to receive are:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>SHARES</u></b>
Lisa Burke	2343 Crane Lane Crestview, Florida 32536	100

### **ARTICLE X- STOCKHOLDERS AND OFFICERS**

The names and addresses of the stockholders and initial stock officers are:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	
Lisa Burke	2343 Crane Lane Crestview, Florida 32536	Stockholder/ President/ Vice-President/ Secretary

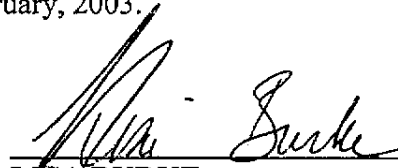
### **ARTICLE XI-BY-LAWS**

The power to adopt, alter, amend or appeal by-laws shall be vested in the stockholders.

### **ARTICLE XII-AMENDMENTS**

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 13 day of February, 2003.

  
\_\_\_\_\_  
LISA BURKE

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Before me, the undersigned authority, personally appeared **LISA BURKE**, Stockholder/President/Vice-President/Sec. who is known to me (or proved to me on the basis of satisfactory evidence) to be the person described in and executed the foregoing Articles of Incorporation, and she acknowledged to me that she executed the same and that the facts therein are true.

WITNESS my hand and official seal this 13 day of February, 2003.

IDENTIFICATION PRODUCED:

Florida Driver License  
LISA BURKE

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA



Deborah S. Shaffer  
MY COMMISSION # CC818362 EXPIRES  
March 17, 2003  
BONDED THRU TROY FAIR INSURANCE, INC


**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND REGISTERED AGENT AND ACCEPTANCE**

In pursuance of Chapter 607.0501, Florida Statutes, the following is submitted in compliance with said Act:

That **A BODY AWARENESS, INC.**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the City of Crestview, County of Okaloosa, State of Florida, hereby names Lisa Burke as its registered agent to accept service of process within this state. The registered office of the corporation is the principal office of the business:

**2343 CRANE LANE  
CRESTVIEW, FLORIDA 32536**

Having been named registered agent to accept service of process for the above-stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said registered office and I am familiar with and accept the obligations of this position.

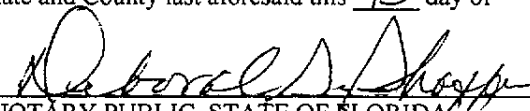
  
\_\_\_\_\_  
**LISA BURKE**  
**REGISTERED AGENT MAINTAINING  
REGISTERED OFFICE**

STATE OF FLORIDA  
COUNTY OF OKALOOSA

I HEREBY CERTIFY that on this day before me, an officer duly authorized in this State aforesaid and in the County aforesaid to take acknowledgements, personally appeared Lisa Burke, known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the State and County last aforesaid this 13 day of February, 2003.

**IDENTIFICATION PRODUCED:**  
Florida Driver License

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA



Deborah S. Shaffer  
MY COMMISSION # CC818362 EXPIRES  
March 17, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.

03 FEB 14 PM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**