

P03000025413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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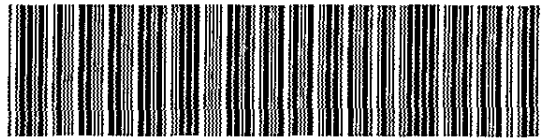
(Business Entity Name)

(Document Number)

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

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2003 MAR -3 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3/4/03

TRANSMITTAL LETTER

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2003 MAR -3 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: ErgoSoma Inc. *(ErgoSoma is a single word)*  
*(ErgoSoma 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 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: Jonathan Rosen  
Name (Printed or typed)

12233 SW 56<sup>th</sup> St. #811  
Address

Cooper City, FL 33330  
City, State & Zip

800-617-28876  
Daytime Telephone number

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)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ErgoSoma Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12233 SW56 ST #811  
Cooper City, FL 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 (One Thousand)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Jonathan Rosen  
12233 SW56 ST. #811  
Cooper City, FL 33330  
President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Jonathan Rosen  
12233 SW56 ST #811  
Cooper City, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jonathan Rosen  
12233 SW56 ST #811  
Cooper City, FL 33330

\*\*\*\*\*  
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

2/27/03  
Date

Signature/Incorporator

2/27/03  
Date