

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:/	MUSCLE BOUND (PROPOSED CORPORA)	ENTER PRISE	s corp
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	DE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	20960 SW	(Printed or typed) 83 41/e	3
	MI HMI LIZ	3318°, State & Zip	<u>/</u>
	305. 89	8 1649 elephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: MUSCLE BOUND ENTER PRISES CORP
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 20960 SW 83 AVE MiAMI RIA 33/89
ARTICLE III PURPOSE The purpose for which the corporation is organized is: HIC RETAIL ADLE OF MISCELLANEOUS ITEMS ARTICLE IV SHARES The number of shares of stock is: Zeco/NONK
ARTICLE IV SHARES The number of shares of stock is: Zelo/None ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): PEdro L. Lopez / 20960 SW 83 AND MIMI Kla 33/89 Director
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: IVANIA C. LOPEZ 20960 SW 83 ARE MIAMIR 4331
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PEDNO L. LOPEZ 20960 SW 83 AM MIANI RA 3318

Signature/Registered Agent Signature/Recorporator Authorized Agent Signature/Report Signature/Recorporator Date

ARTICLES OF INCORPORATION