

PD 600003/802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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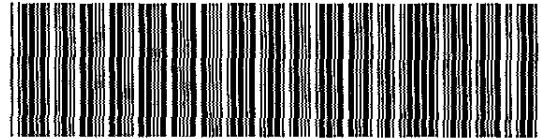
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

MRP
3/6

COVER LETTER

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

SUBJECT: Cape Coral Day & Toning Spa, 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: Suzanne M Thomas

Name (Printed or typed)

3519 s.e. 2nd avenue

Address

Cape Coral, FL 33904

City, State & Zip

239 357-8787

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)

ARTICLE I NAME

The name of the corporation shall be:

Cape Coral Day & Toning Spa, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3519 S.E. 2nd ave
Cape Coral, FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the community with a day and toning center that is unique.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Suzanne M Thomas
3519 S.E. 2nd Ave
Cape Coral, FL 33904

ARTICLE VI REGISTERED AGENT

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

Suzanne M Thomas
3519 S.E. 2nd Ave
Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suzanne M Thomas
3519 S.E. 2nd Ave
Cape Coral, FL 33904

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

Suzanne M. Thomas
Signature/Registered Agent
Suzanne M. Thomas
Signature/Incorporator

2/28/06
Date
2/28/06
Date