

PO6000136618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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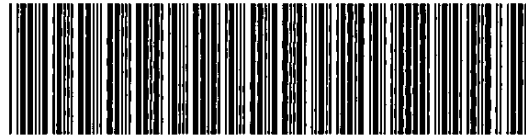
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10/27/06

COVER LETTER

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

SUBJECT: WOMEN'S BestHealth, 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: Dr. MARIANNE BECK
Name (Printed or typed)

553 EAST SAMPLE ROAD
Address

POMPA NO BEACH, FLORIDA 33064
City, State & Zip

(954) 782-4855
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:

WOMEN'S BestHealth, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

553 EAST Sample ROAD
Pompano Beach, Florida 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nutritional Counseling

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIANNE BECK, President
553 EAST Sample Rd
Pompano Beach, Florida 33064

ARTICLE VI REGISTERED AGENT

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

MARIANNE BECK
553 EAST SAMPLE ROAD
Pompano Beach, Florida 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marianne Beck
553 EAST SAMPLE RD
Pompano Beach, FL. 33064

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

Marianne Beck

Signature/Registered Agent

Marianne Beck

Signature/Incorporator

MARIANNE BECK

10/18/06

Date

10/18/06

Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

06 OCT 27 PM 4:20

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