

P08000019248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

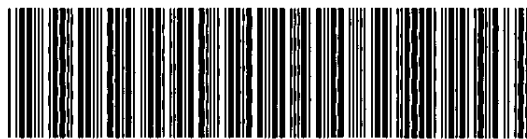
(Business Entity Name)

(Document Number)

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**COVER LETTER**

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

**SUBJECT:** Mom "Me" Bliss Organic 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:** Michael J. Ciochetti, Jr.  
Name (Printed or typed)

1271 Little Creek Rd  
Address

Clayton, GA 30525  
City, State & Zip

706-490-2717  
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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### **ARTICLE I NAME**

The name of the corporation shall be:

Mom "Me" Bliss Organic Spa, Inc

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5429 Airport Road North

Naples, FL 34109

mailling address 1271 Little Creek Rd, Clayton, GA 30525

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

### **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):

Michael J. Ciochetti, Jr

1271 Little Creek Rd

Clayton, GA 30525

Vice President and Secretary

Dr. Suzanne Seekins

1940 21st SW

Naples, FL 34117

President and Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Dr. Suzanne Seekins  
1940 21st SW  
Naples, FL 34117

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Michael J. Ciochetti, Jr.  
1271 Little Creek Rd  
Clayton, GA 30525

\*\*\*\*\*

*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*

*Dr. Suzanne A. Seekins*

Signature/Registered Agent

*Michael J. Ciochetti, Jr.*

Signature/Incorporator

*2/5/08*

Date

*2-5-08*

Date

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