P08000038190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Metamorphosis of North Flordia 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: Patricia A. Allen
Name (Printed or typed)

5001 Lake Front Dr. D-7
Address

Tallahassee, FL 32303
City, State & Zip

(850) 727-2106
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:

Metamorphosis of North Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5001 Lake Front Dr. D-7
Tallahassee FL 32303

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nutritionist Advisor on Weight Management and Diets / Nutrition.

ARTICLE IV SHARES

The number of shares of stock is: ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

(P). Patricia A. Allen, 5001 Lake Front Dr. D-7, Tallahassee, FL 32303
(D) Cathy Robenson, Director - 2616 Mission Rd, Apt. 30, Tallahassee, FL 32304
(T) Barbara Ivey, Treasury - 280 North Charles William, Midway, FL 32343

ARTICLE VI REGISTERED AGENT

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

Patricia A. Allen
5001 Lake Front Dr. D-7
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Patricia A. Allen
5001 Lake Front Dr. D-7
Tallahassee FL 32303

****

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

Patricia A. Allen — 4/15/08
Signature/Registered Agent — Date

Patricia A. Allen — 4/15/08
Signature/Incorporator — Date