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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 APR 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Burch APR 15 2008

COVER LETTER

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

SUBJECT: Metamorphosis of North Florida 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/mailling address is:

5001 Lake Front Dr. D-7
Tallahassee FL 32303

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 Robinson, Director - 2616 Mission Rd, Apt. 30, Tallahassee, FL 32304
(T) Barbara Frey, 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

Signature/Registered Agent

4/15/08
Date

Patricia A. Allen

Signature/Incorporator

4/15/08
Date

FILED
08 APR 15 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA