

PO8000074518

(Requestor's Name)

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(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

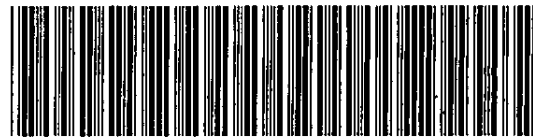
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG - 8 PM 4: 08

8/8/08

W08000035953



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 AUG -8 AM 8:00
DIVISION OF CORPORATIONS

July 30, 2008

TIMOTHY E. BROWN
2841 NE 32 STREET, #17
FORT LAUDERDALE, FL 33306

SUBJECT: BOUNCE, INC.
Ref. Number: W08000035953

We have received your document for BOUNCE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 808A00043887

COVER LETTER

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

SUBJECT: BOUNCE WELLNESS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Timothy E. Brown
Name (Printed or typed)

2841 NE 32 Street, #17 (Mailing: PO Box 39381)
Address

(Ft. Lauderdale, FL 33339)

Fort Lauderdale, FL 33306
City, State & Zip

954-709-8439
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:

BOUNCE WELLNESS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2841 NE 32 Street, #17 PO Box 39381
Fort Lauderdale, FL 33306 Fort Lauderdale, FL 33339
(Temporary - Subject to change)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fitness Facility

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares
(900 shares-Treasury, 51 shares-Karen Sallade, 49 shares-Timothy Brown)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karen Sallade - President 1101 NE 6th Street, Unit A, Fort Lauderdale, FL 33304
Timothy Brown - Vice President PO Box 39381, Fort Lauderdale, FL 33339 (2841 NE 32 St., #17, Fort Laud. FL 33306)
Timothy Brown - Treasurer PO Box 39381, Fort Lauderdale, FL 33339 (2841 NE 32 St., #17, Fort Laud. FL 33306)

ARTICLE VI REGISTERED AGENT

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

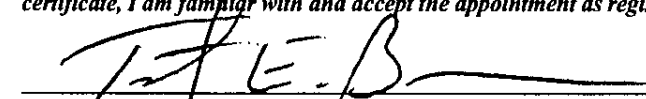
Timothy Brown 2841 NE 32 Street, #17, Fort Lauderdale FL 33306

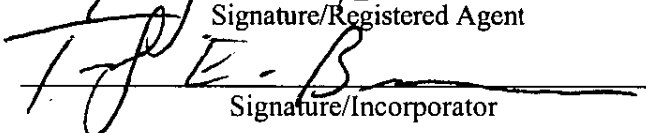
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Timothy Brown 2841 NE 32 Street, #17, Fort Lauderdale FL 33306 (PO Box 39381, Fort Lauderdale, FL 33339)

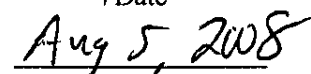
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG - 8 PM 4: 08