

P10000044416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181021619

900181021619
05/21/10- 01028 --020 **87.50

FILED
2010 MAY 21 P 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2010
D. A. WHITE

COVER LETTER

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

SUBJECT: Fitlynx Wholesale Supplement Company 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 Vona
Name (Printed or typed)
10398 Triple Crown Av
Address
Jacksonville FL 32257
City, State & Zip
904 333 8760
Daytime Telephone number
mkvona2003@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

Fritlynx Wholesale Supplement Company Inc
FEI # 27-2502313

ARTICLE II PRINCIPAL OFFICE

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

4443 Sunbeam Rd Jacksonville FL
32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawful Business Startup

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Vona - President > 500 shares
TERRI Vona - Treasurer
Alan Taylor - V. President > 500 shares
Renee Taylor - Secretary

ARTICLE VI REGISTERED AGENT

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

Michael Vona - 10398 Triple Crown Av
Jacksonville FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Vona - 10398 Triple Crown Av
Jacksonville FL 32257

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

Michael Vona
Signature/Registered Agent

Michael Vona
Signature/Incorporator

5-17-2010
Date

5-17-2010
Date

FILED
2010 MAY 21 P 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA