

P10000047779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

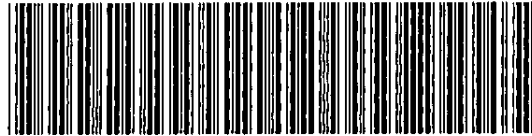
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/08/10--01001--010 **78.75

RECEIVED
10 JUN -7 PM 3:38
DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
10 JUN -7 PM 4:45
DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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: Joyce Lee
Name (Printed or typed)
275 John Knox Rd. Suite C 202
Address
Tallahassee, FL 32303
City, State & Zip
850-524-3100
Daytime Telephone number
fashdiva@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FEI: 27-2779960

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:

Reshape + Jazz Your Body, INC.

FILED

10 JUN -7 PM 18:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

275 John Knox Rd. Suite C 202
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joyce Lee - President
275 John Knox Rd Suite C 202
Tallahassee, FL 32303

ARTICLE VI REGISTERED AGENT

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

Joyce Lee
275 John Knox Rd. Suite C 202
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joyce Lee
275 John Knox Rd C 202
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

Joyce L. Lee

Signature/Registered Agent

06-07-10

Date

Joyce L. Lee

Signature/Incorporator

06-07-10

Date