

P10000069444

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Figure Fit Weight Loss Program, PA

(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:** Nelson Hernandez, MD

Name (Printed or typed)

1300 Coral Way, Suite 208

Address

Miami, FL 33145

City, State & Zip

305-854-7952/786-255-1250

Daytime Telephone number

nelson143@bellsouth.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2010

NELSON HERNANDEZ, MD  
1300 CORAL WAY, SUITE 208  
MIAMI, FL 33145

SUBJECT: FUGURE FIT WEIGHT LOSS PROGRAM, PA  
Ref. Number: W10000036570

We have received your document for FUGURE FIT WEIGHT LOSS PROGRAM, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

I'm sorry but a weight loss program is not acceptable for a professional association.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 910A00018764

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
Figure Fit Weight Loss Program Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
1300 Coral Way, Suite 208  
Miami, FL 33145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Weight Loss Program

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Nelson President 1300 Coral Way  
Hernandez Suite 208  
Miami, FL 33145

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Vilma Fernandez  
8551 NW 191 Street  
Miami, FL 33015

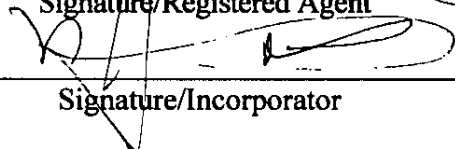
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Nelson Hernandez  
8917 NW 171 Lane  
Hialeah, FL 33018

\*\*\*\*\*

*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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

8/9/10

Date

8/9/10

Date