## P10000 76013

(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:
Kevin Williams GAVE
AUTHORIZATION BY PHONE TO
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## **COVER LETTER**

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

	oothie Fusion INC (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the art	icles 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
		ADDITIONAL CO	
FROM: Ke	vin Ransford Williams		
	52 NW 120th Ave	e (Printed or typed)	
	Nam S2 NW 120th Ave	e (Printed or typed) Address	
566	Nam 2 NW 120th Ave al Springs, Fl 33076	Address	
566	Nam 2 NW 120th Ave al Springs, Fl 33076	•• /	
566 Cor	Nam 2 NW 120th Ave al Springs, Fl 33076	Address	
566 Cor	Nam S2 NW 120th Ave Sal Springs, Fl 33076 City,	Address	
566 Cor 954	Nam S2 NW 120th Ave Sal Springs, Fl 33076 City,	Address State & Zip	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME		
The name of the corporation shall be: The Smoothir Fusion Inc.		
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:		
5662 NW 120th AUC	၌တူ ဝ	
Coral Springs. FL33076	TAN 3903	
ARTICLE III PURPOSE		111
The purpose for which the corporation is organized is: HEALTH Bar		
	<u> </u>	-
	25	
ARTICLE IV SHARES The number of shares of stock is:  1.	<b></b>	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): KEVIN R. Williams / CE.	0,C.FU.	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registere KEUIN R. Williams  5442 N.W. 120th AX  Coral Springs, FL 33074	d agent is:	
Colal Springs, PL 33014		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
KEUIN R. Williams		
Gral springs, FL 33076		•-
Having been named as registered agent to accept service of process for the aberlace designated in this certificate, I am familiar with and accept the appointing agree to act in this capacity	<del>-</del>	
Variable 1	0	
gerin i Williams	9-10-10	
Signature/Registered Agent	Date	
JUINE WILLIAMS	9-10-10	
/ Signature/Incorporator	Date	