P10000075616

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(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:
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10/20/10--01002--021 **78.75

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED &

COVER LETTER

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

SUBJECT: Body Conversion	ate Name - MUST INCLUDE SUFFIX)
(PROPOSED CORPOR.	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Edward Nam	ne (Printed or typed)
1650 Folksto	Address
Tc. Fc. 3	32312 7, State & Zip
850-284-3 Daytime	Telephone number
Wadeel: +e C E-mail address: (to be use	com cast, net ed 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)

The name of the corp	oration shall be: β	ody Co	on versi	ons Pers	ional	(raini-	J	4N C,
ARTICLE II P	PRINCIPAL OFFICE Principal street at 10 Kc114 F	ddress	<u>Kw</u> y. Si	ite <u>410</u>	Mailing addre	ess, if differen	t is:	<u></u>
-7°	2309	rt-larid	<u>(a</u> '					
ARTICLE III P								
The purpose for which	ch the corporation is	organized is:				SECELLARASSE	10 OCT 20	
ARTICLE IV S The number of shares		,						O
ARTICLE V II Name and Title Address:	MITIAL OFFICER: Edward W 29/8 Kerry Svite A-1	Nettles 1010est	s Proside	Mame and Title Address:		0 % 10 %	20	
Name and Title Address:	:			Name and Title			-	
Name and Title Address:							-	
ARTICLE VI RI The name and Florid Name: Address:). Box NOT ac 1. Ne-HI	es d.	he registered age				-
ARTICLE VII IN The name and addres Name: Address:	VCORPORATOR ss of the Incorporator	is:	ttles	•				
Having been named this certificate, I am f								gnated in
	Required Signat	ure/Registered	l Agent			10-20	-/ 2	2
I submit this docume document to the Depa							ı subm	nitted in a
2 -						10-2	0-	10
	Required Sign	nature/Incorpo	rator				Date	