

711000017055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

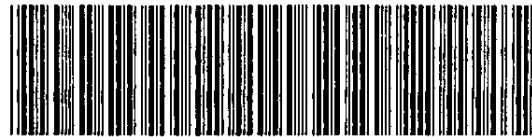
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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6 J. Shivers FEB 18 2011

## 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: Kathleen S Raines

Name (Printed or typed)

2802 West Abiaca Circle

Address

Davie Florida 33328

City, State & Zip

954 474 3943

Daytime Telephone number

Contact@Healthfitbodies.com

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Healthfitbodies.com.Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2802 West Abiaca Circle  
Davie, Florida 33328

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
For internet business

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (75 shares Kathleen S. Raines-25 shares David J Raines)

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

Name and Title: <u>Kathleen S. Raines President</u>	Name and Title: _____
Address: <u>2802 West Abiaca Circle</u>	Address: _____
<u>Davie, Florida 33328</u>	_____
_____	_____

Name and Title: <u>David J Raines-vice president</u>	Name and Title: _____
Address: <u>2802 West Abiaca Circle</u>	Address: _____
<u>Davie, Florida 33328</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Kathleen S Raines  
Address: 2802 West Abiaca Circle  
Davie, Florida 33328

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathleen S Raines  
Address: 2802 west Abiaca Circle  
Davie, Florida 33328

*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*

Kathleen S Raines  
Required Signature/Registered Agent

2/13/2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Kathleen S Raines  
Required Signature/Incorporator

2/13/2011  
Date

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