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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h* 04/20/11

## COVER LETTER

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

SUBJECT: ViDreamBody, Inc.

(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: Sharon Hudson

Name (Printed or typed)

2955 Hartley Rd., Suite 108

Address

Jacksonville, FL 32257

City, State & Zip

904-292-0778 ext. 16

Daytime Telephone number

cavery@averyframing.com

E-mail address: (to be used 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)

**ARTICLE I NAME**  
The name of the corporation shall be: VIDreamBody, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
10103 Chesterton Rd.  
Jacksonville, FL 32246

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

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To exercise any and all powers, rights and privileges which a corporation organized under the for-profit corporation laws of the State of Florida may now or hereafter have or exercise.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

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

Name and Title: <u>Cynthia R. Avery, President and Director</u>	Name and Title: _____
Address: <u>10103 Chesterton Rd.</u>	Address: _____
<u>Jacksonville, FL 32246</u>	_____

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

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: Cynthia R. Avery  
Address: 10103 Chesterton Rd.  
Jacksonville, FL 32246

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cynthia R. Avery  
Address: 10103 Chesterton Rd.  
Jacksonville, FL 32246

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

X Cynthia R. Avery  
Required Signature/Registered Agent

X 11/1/11  
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.

X Cynthia R. Avery  
Required Signature/Incorporator

X 11/1/11  
Date

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