

P11000046062

(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:

Heidi Lavack-Hodges

AUTHORIZATION BY PHONE TO

CORRECT *Shareholder*
Articles of Incorporation

DATE _____

DOC. EXAMINED *CS*

Office Use Only



600207371636

05/12/11--01011--008 **78.75

NOTARY OF STATE
CALIFORNIA

11 MAY 12 PM 2:34

FILED

PS 5/13/11

COVER LETTER

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

SUBJECT: The Write Fit, 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: Heidi Lauckhardt-Rhoades

Name (Printed or typed)

17557 Weeping Willow Trail

Address

Boca Raton, FL 33487

City, State & Zip

561-441-5857

Daytime Telephone number

heidiaspen@mac.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 Write Fit, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
17557 Weeping Willow Trail
Boca Raton, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to provide copywriting, social media, fitness and dance classes, and event production services. It formed to conduct and transact all lawful business activities allowed under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heidi Lauckhardt-Rhoades, Director
Address: 17557 Weeping Willow Trail
Boca Raton, FL 33487

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Heidi Lauckhardt-Rhoades
Address: 17557 Weeping Willow Trail
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Heidi Lauckhardt-Rhoades
Address: 17557 Weeping Willow Trail
Boca Raton, FL 33487

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



Required Signature/Registered Agent

5-10-11

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.



Required Signature/Incorporator

5-10-11

Date

FILED
11 MAY 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA