

P1100056868

(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:

Adams Miller GAVE

AUTHORIZATION BY PHONE TO

CORRECT Stock

DATE _____

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Office Use Only



300208205333

05/31/11--01016--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 16 AM 11:25

BS 6/20/11

COVER LETTER

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

SUBJECT: Neo 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: Ajayi Miller

Name (Printed or typed)

P.O.Box 424

Address

Mango, FL 33550

City, State & Zip

(813) 469 8151

Daytime Telephone number

Amiller10027@gmail.com

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

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



RECEIVED

11 JUN 16 PM 12:57

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DIVISION OF CORPORATIONS

June 1, 2011

AJAYI MILLER
P O BOX 424
MANGO, FL 33550

SUBJECT: NEO INC.
Ref. Number: W11000029916

We have received your document for NEO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 711A00013378

COVER LETTER

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

SUBJECT: NeoBody 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: Ajayi Miller

Name (Printed or typed)

P.O Box 424

Address

Mango, FL 33550

City, State & Zip

(813) 469-8151

Daytime Telephone number

NeoBody@live.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: NeoBody Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2640 Bermuda Lake Dr
201 A
Brandon, FL 33510

Mailing address, if different is:

P.O. Box 424
Mango, FL 33550

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Neo Body Inc., is a for profit corporation providing Massage Therapy, Personal Training, Companion and Personal Care Services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Latamara Drone C.F.O</u>	Name and Title: <u>Ajayi A Miller, C.E.O</u>
Address: _____	Address: _____
_____	_____
_____	_____
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: Latamara Drone
Address: 2640 Bermuda Lake Dr 201 A
Brandon, FL 33510

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ajayi Miller
Address: P.O. Box 424
Mango, FL 33550

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

L Drone

Required Signature/Registered Agent

5/25/2011

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.

[Signature]
Required Signature/Incorporator

5/25/2011

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 16 AM 11:25