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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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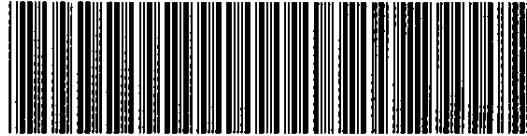
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JUN 27 PM 3:13

gr 6/28/11

COVER LETTER

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

SUBJECT: Successful Weight Loss Center 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: Mary Lee

Name (Printed or typed)

4300 South US Highway #1, Suite 131

Address

Jupiter FL 33477

City, State & Zip

561-249-3770

Daytime Telephone number

successfulwlc@aol.com

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

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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:

Successful Weight Loss Center Inc

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DIVISION OF CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4300 S US Highway #1

Suite 131

Jupiter FL 33477

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which corporations may be formed pursuant to Chapter 607 or 621 Florida Statutes. Weight Loss Center.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mary Lee, President**

Address: **4300 S US Highway #1, Suite 131**
Jupiter FL 33477

Name and Title: _____

Address: _____

Name and Title: **Julia Jacobsen, Secretary**

Address: **101 Habitat Court**
Royal Palm Beach FL 33411

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: **Mary Lee**

Address: **4300 S US Highway #1, Suite 131**
Jupiter FL 33477

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Mary Lee**

Address: **4300 S US Highway #1, Suite 131**
Jupiter FL 33477

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

Mary Lee

Required Signature/Registered Agent

6/22/11

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.

Mary Lee

Required Signature/Incorporator

6/22/11

Date