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SECRETARY OF STATE
TREASURER
FLORIDA

11 AUG -5 PM 2:26



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COVER LETTER

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

SUBJECT: Raving Clients, 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: Sam Cavuoto

Name (Printed or typed)

1304 Coastal Blvd

Address

Boynton Beach, FL 33435

City, State & Zip

310 901-6440

Daytime Telephone number

sscavuoto@gmail.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:

Raving Clients, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1304 Coastal Blvd.
Boynton Beach, FL 33435

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personal Training, Weight Loss

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Cavuoto Pres.

Name and Title: _____

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: Sam Cavuoto

Address: 1304 Coastal Blvd Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sam Cavuoto

Address: 1304 Coastal Blvd Boynton Beach, FL 33435

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.

Sam Cavuoto
Required Signature/Registered Agent

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.

Sam Cavuoto
Required Signature/Incorporator

11 AUG -5 PM 2:24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 AUG -5 PM 2:24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

07-30-11
Date