

P/200006226

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 18 PM 1:15

PS 1/19/12

COVER LETTER

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

SUBJECT: Sweetz Marketing, 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: Amanda Sweetz

Name (Printed or typed)

1139 Earlylight CT

Address

Jacksonville, FL 32218

City, State & Zip

(904) 718-6160

Daytime Telephone number

amanda@teamsweetz.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Sweetz Marketing, Inc.
The name of the corporation shall be:

12 JAN 18 PM 1:15

ARTICLE II PRINCIPAL OFFICE
Principal street address
1139 Earlylight CT
Jacksonville, FL 32218

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote and distribute health & wellness products and services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Sweetz
Address: Director / Officer
1139 Earlylight CT
Jacksonville, FL 32218

Name and Title: _____
Address: _____

Name and Title: Tim Sweetz
Address: Officer
1139 Earlylight CT
Jacksonville, FL 32218

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:

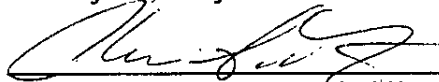
Name: Amanda Sweetz
Address: 1139 Earlylight CT
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda Sweetz
Address: 1139 Earlylight CT
Jacksonville, FL 32218

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

1/17/12
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

1/17/12
Date