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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

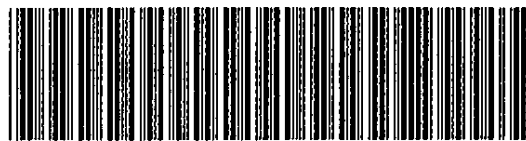
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/13/12

## COVER LETTER

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

SUBJECT: Vital Bodyworks 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: Angela Coney

Name (Printed or typed)

8303 Ft. Walton Ave.

Address

Ft. Pierce, Fl. 34951

City, State & Zip

772-370-0391

Daytime Telephone number

mattdogc6@aol.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

Vital Bodyworks Inc  
The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
8303 Ft. Walton Ave.  
Ft. Pierce, FL 34951

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is formed to conduct and transact all lawful business activities allowed under the laws or the state of Florida.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Coney President  
Address: 8303 Ft. Walton Ave.  
Ft. Pierce, FL 34951

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: Angela Coney  
Address: 8303 Ft. Walton Ave.  
Ft. Pierce, FL 34951

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela Coney  
Address: 8303 Ft. Walton Ave.  
Ft. Pierce, FL 34951

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

Angela M Coney  
Required Signature/Registered Agent

3/6/2012

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.

Angela M Coney  
Required Signature/Incorporator

3/6/2012

Date

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12 MAR -9 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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