

P12000034242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

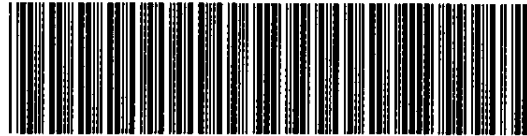
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/09/12--01043--006 \*<sup>87.50</sup>78.75

12 APR - 9 PM 4:21  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

4/10  
8

## COVER LETTER

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

**SUBJECT: Are You A Fat Ass! 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: Phyllis Turner

Name (Printed or typed)

P.O Box 813635

Address

Hollywood, Florida 33081

City, State & Zip

786-260-7477

Daytime Telephone number

pturner723@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: **Are You A Fat Ass! Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2500 Parkview Drive apt.711  
Hallandale, Flroida 33009

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Teaching people to be themselves, but heathy with good food choices and exercise

**ARTICLE IV SHARES**

The number of shares of stock is:1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Director Phyllis Turner  
Address: P.O Box 813635  
Hollywood, Florida 33081

Name and Title: Director Amanda Owens  
Address: 2500 Parkview Drive apt. 711  
Hallandale, Florida 33009

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:

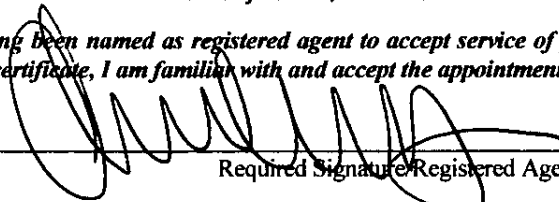
Name: Amanda Owens  
Address: 2500 Parkview Drive apt. 711  
Hallandale, Florida 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Phyllis Turner  
Address: P.O Box 813635  
Hollywood, Florida 33081

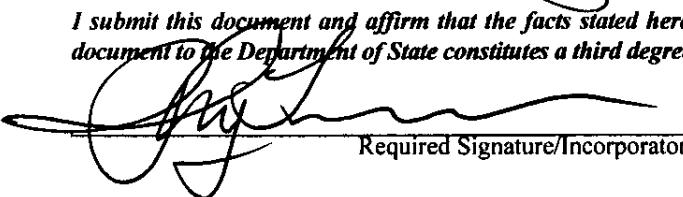
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature Registered Agent

4/4/12  
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

4/4/12  
Date

12 APR - 9 PM 4:2  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS