

P12000059433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

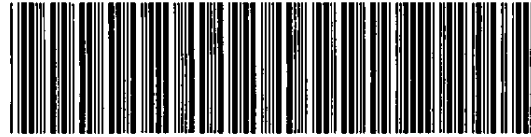
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch JUL -6 2012

COVER LETTER

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



SUBJECT: EBV FITNESS, 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: ELIANA BONILLA
Name (Printed or typed)

21150 SW 87 AVE., #304
Address

MIAMI, FLORIDA 33189
City, State & Zip

305-439-4803
Daytime Telephone number

bonillaeliana@yahoo.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

EBV FITNESS, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
21150 SW 87 AVE., #304
MIAMI, FLORIDA 33189

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE WHOLESALE DISTRIBUTION OF NUTRITIONAL PRODUCTS AND SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ELIANA BONILLA, PRES.**
Address: **21150 SW 87 AVE., #304**
MIAMI, FLORIDA 33189

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: **ELIANA BONILLA, PRES.**
Address: **21150 SW 87 AVE., #304**
MIAMI, FLORIDA 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ELIANA BONILLA**
Address: **21150 SW 87 AVE., #304**
MIAMI, FLORIDA 33189

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

Eliana Bonilla

Required Signature/Registered Agent

6/29/12

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.

Eliana Bonilla

Required Signature/Incorporator

6/29/12

Date