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(Requestor's Name) (Address)	400238529464		
(Address) (City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)	09/04/1201031009 **87.50		
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SECRETATE OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2012

JOHN L FRITZ 1209 KINGLET TERRACE WELLINGTON, FL 33414

SUBJECT: THE MIND-BODY CONNECTION FOR PERSONAL SUCCESS, HEALTH AND WELL-BEING Ref. Number: W12000045887 Name Amended to: The Mind-Body Connection for Tersonal Power and Positive Change, Inc.

We have received your document for THE MIND-BODY CONNECTION FOR PERSONAL SUCCESS, HEALTH AND WELL-BEING and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 312A00022474

www.sunbiz.org

Division of Corporations - PO BOX 6397 Tallahasson Florida 39314

**COVER LETTER** 

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

## SUBJECT: The Mind-Body Connection for Personal Power and Positive Change, 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	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy
·.		& Certificate of Status
• • • •		ADDITIONAL COPY REQUIRED

FROM: John L. Fritz

Name (Printed or typed)

Address

1209 Kinglet Terrace

Wellington, FL. 33414

City, State & Zip

(561)793-4380

Daytime Telephone number

jfritz1209@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)

	oration shall be: Change, Inc.	•	12 OCT -4	AMIL
RTICLE II P	RINCIPAL OPFICE Principal street address	· •	Mailing address, if different is:	
13	901 U.S. Hwy. 1. Suite 10	1	Maining address, il different is:	
	no Beach, FL, 33408	···		<u></u>
				<u> </u>
TICLE III P	ch the corporation is organized is:	,	·	•
	be limited to, mind and body exer	rcises training co	achina, educatina services an	d
	sonal, professional, business and			
	n, health cultivation, meditation, er			
	Martial Arts along with other heal			
	individual, personal and group se			
• •	HARES			,
	of stock is: 10,000,000 (10 Million)	<b>)</b>		
number of states		<b>/</b>	· · ·	
TICLE V I	NITIAL OFFICERS AND/OR DIREC	TORS		•
Name and Title	John L. Fritz, President	Name and Title		
Address:	1209 Kinglet Terrace		1209 Kinglet Terrace	<u> </u>
·	Wellington, FL 33414	• · · · · · · · · · · · · · · · · · · ·	Wellington, FL. 33414	
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TICLE VI R	EGISTERED AGENT	•	- •	,
	la street address (P.O. Box NOT acceptabl	e) of the registered age	nt is:	
Name:	John L. Fritz	· · · · · · · · · · · · · · · · · · ·		. ,
Address:	1209 Kinglet Terrace	······································		• .
;	Wellington, FL. 33414		· · · · · · · · · · · · · · · · · · ·	
			-	
	NCORPORATOR	•		. '
	ss of the Incorporator is:			· .•
Name: Address:	John L Fritz		•	
Address:	1209 Kinglet Terrace	· · ·	·	
	Weilington, FL. 33414	, ,	· · · · ·	
ing been named	as registered agent to accept service of pr	ocess for the above sta	ted corporation at the place designat	ed in
certificate, I am	familiar with and accept the appointment a	s registered agent and a	agree to act in this capacity	
			in the second	
Dest	(N State		October 1, 2012	
	Required Signature/Registered Agent		Date	·
	Tellinger Stermingertelligeren UReill	• • •	Law	• • •
bmit this docum	ent and affirm that the facts stated herein	are true. I am aware	that the false information submitted	lina 👘
ument to the Dep	artment of State constitutes a third degree f	elony as provided for it	n s.817.155, F.S.	1 V
I I I I I I I I I I I I I I I I I I I	D - 1 / M			
. N.	N. A. Stritz	•	October 1, 2012	
1.24				
P	Required Signature/Incorporator		Date	