

P12000090990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

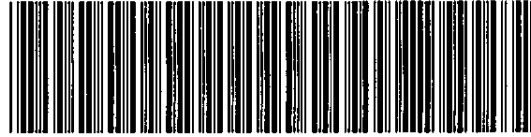
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/29/12--01015--002 \*\*78.75

PA HQ  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 29 AM 9:38

PS 10/30/12

## COVER LETTER

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

SUBJECT: BETTER Body, 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: NOLA PEARSON  
Name (Printed or typed)

19901 Stockholm Drive  
Address

BOCA RATON FL 33434  
City, State & Zip

(954) 428-1500  
Daytime Telephone number

betterbody@mindspring.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

Florida Department of State,  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 5<sup>th</sup>, 2012

Dear Sirs/Madam

Please acknowledge I have no intention of reinstating the Corporation of Better Body, Inc which was administratively dissolved on September 28<sup>th</sup>, 2012.

I am releasing the name of Better Body, Inc for the new corporation I would like formed.

Please find the attached documents required to form the new corporation and a check in the amount of \$78.75.

Sincerely,

Nola Pearson  
Nola Pearson

# 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:

Better Body, Inc

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLE II PRINCIPAL OFFICE

Principal street address

19901 STOCKHOLM DRIVE  
BOCA RATON FL 33434

Mailing address, if different is:

12 OCT 29 AM 9:38

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Alternative Medicine, Acupuncture, Nutrition

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares \$1.00 par value

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nola Pearson  
Address: 19901 Stockholm Dr  
Boca Raton FL 33434

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Nola Pearson  
Address: 19901 Stockholm Dr  
Boca Raton FL 33434

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Nola Pearson  
Address: 19901 Stockholm Dr  
Boca Raton FL 33434

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: Nola Pearson  
Address: 19901 Stockholm Dr  
BOCA RATON FL 33434

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nola Pearson  
Address: 19901 Stockholm Dr  
Boca Raton FL 33434

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

Nola Pearson

Required Signature/Registered Agent

10/1/12

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.

Nola Pearson

Required Signature/Incorporator

10/1/12

Date

NOLA PEARSON