

P130000021007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

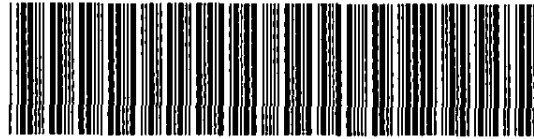
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 MAR -6 PM 2:43
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18 ACKNOWLEDGE
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/6

8

COVER LETTER

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

SUBJECT: FINAL IMPRESSION of DESTIN, 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:

K Glenda Cato
Name (Printed or typed)

737 Hwy 98 suite 1
Address

DESTIN FL 32541
City, State & Zip

850-424-6781
Daytime Telephone number

GlendaCato7@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: FINAL IMPRESSION & DESTIN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

137 Hwy 98 Suite 1
DESTIN, FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Weight loss

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ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: K Glendy Cato PRES

Name and Title: Stephanie R Gansen V PRES

Address: 1767 Herndge Blue 8206
Tallahassee, FL
32308

Address: 4418 High Grove Place
Tallahassee, FL 32302

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: H Glenda Cato
Address: 1767 Heritage Blvd 8206
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: H Glen Cato
Address: 1767 Heritage Blvd apt 8206
Tallahassee, FL 32308

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TALLAHASSEE FLORIDA

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

H Glen Cato 3-6-13
Required Signature/Registered Agent 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.

H Glen Cato 3-6-13
Required Signature/Incorporator Date