

P13000035150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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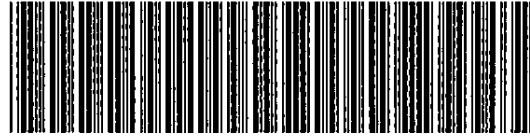
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 17 PM 1:12

of 4/18/13

COVER LETTER

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

SUBJECT: Empowering Weighs 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: Richard Mauro

Name (Printed or typed)

19104 Cypress Green Dr

Address

Lutz, FL 33558

City, State & Zip

813-597-8985

Daytime Telephone number

rich@2mauro.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Empowering Weighs Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19104 Cypress Green Dr

Lutz, FL 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide weight loss education, training, and seminars to the public.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Mauro, President

Name and Title: Shannon Abbott, Director

Address: 19104 Cypress Green Dr
Lutz, FL 33558

Address: 2614 Velventos Drive
Clearwater, FL 33761

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:

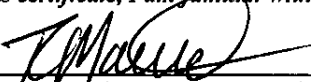
Name: Richard Mauro
Address: 19104 Cypress Green Dr
Lutz, FL 33558

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

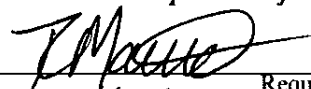
Name: Richard Mauro
Address: 19104 Cypress Green Dr
Lutz, FL 33558

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


Richard Mauro Required Signature/Registered Agent

4/13/13
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.


Richard Mauro Required Signature/Incorporator

4/13/13
Date

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