

P13000079063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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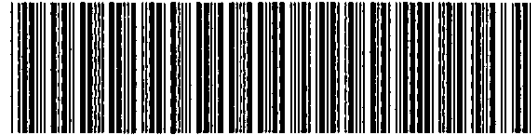
(Business Entity Name)

(Document Number)

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13 SEP 20 AM 11:11
STATE
DIVISION OF CORPORATIONS

9/25

8

COVER LETTER

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

SUBJECT: **CUTTING EDGE NUTRITION CONCEPTS, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Robert P. Reske, Esq.**
Name (Printed or typed)
2201 Wilton Dr.
Address
Wilton Manors, FL 33305
City, State & Zip
(954) 630 -0533
Daytime Telephone number
robertreske@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)

ARTICLE I NAME

The name of the corporation shall be: CUTTING EDGE NUTRITION CONCEPTS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2201 WILTON DR.

WILTON MANORS, FL 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rainer Schindler D P T

Name and Title: Claudia Felderbauer-Schindler D P S

Address 2201 Wilton Dr.
Wilton Manors, FL 33305

Address: 2201 Wilton Dr.
Wilton Manors, FL 33305

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Robert P. Reske, Esq.

Address: 2201 Wilton Dr.

Wilton Manors, FL 33305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rainer Schindler

Address: 2201 Wilton Dr.

Wilton Manors, FL 33305

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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

Robert P Reske
Required Signature/Registered Agent

September 17, 2013

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.

Rainer Schindler
Required Signature/Incorporator

September 17, 2013

Date