

P/3000080910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

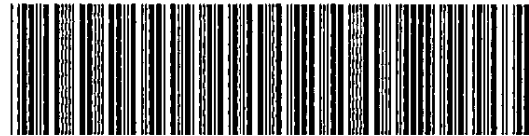
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 SEP 30 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 10/02/13

EFFECTIVE DATE 01/01/14

COVER LETTER

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

SUBJECT: THE BODY MOVEMENT 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: DARLENE M. KENNEDY
Name (Printed or typed)

898 FIFTH AVE. S. #303
Address

NAPLES, FL 34102
City, State & Zip

216 513 1648
Daytime Telephone number

dmkhomecare@sbcglobal.net
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: THE BODY MOVEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

898 FIFTH AVES.
201 + 202
NAPLES, FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH AND FITNESS,
INCLUDING: PILATES EQUIPMENT, CARDIO
EQUIPMENT, FLOOR EXERCISE, MASSAGE,
JUICING AND PRODUCT SALES.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARLENE M. KENNEDY Name and Title: _____
CEO/PRESIDENT/SECRETARY/TREASURER
Address 898 FIFTH AVE. S. Address: _____

303
NAPLES, FL 34102

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

EFFECTIVE DATE 01/01/14

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TALLAHASSEE, FLORIDA

(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: DARLENE M. KENNEDY
Address: 898 FIFTH AVE S. #303
NAPLES, FL. 34102

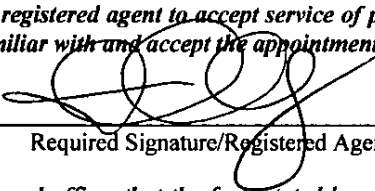
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARLENE M. KENNEDY
Address: 898 FIFTH AVE S. #303
NAPLES, FL 34102

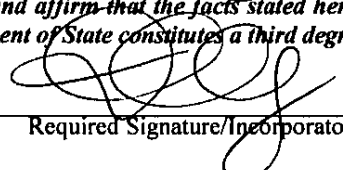
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/26/13
Date

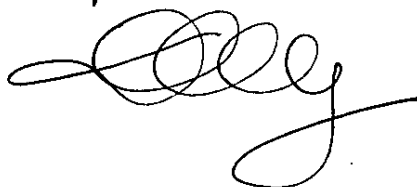
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

9/26/13
Date

ARTICLE VIII EFFECTIVE DATE
JANUARY 1, 2014



EFFECTIVE DATE 01/01/14