

P13000097691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

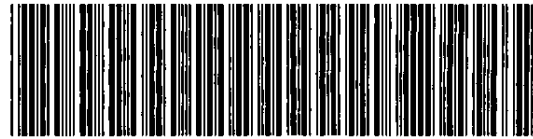
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500254219885

12/06/13--01007--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC -6 PM 1:29

12/9/13

COVER LETTER

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

SUBJECT: McCoy Health Rejuvenation Corporation
(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: Shonna Bedford
Name (Printed or typed)
11680 Oak Avenue
Address
Seminole, Florida 33772
City, State & Zip
(727) 644-2674
Daytime Telephone number
poetchik76@aol.com
E-mail address: (to be used for future annual report notification)

13 DEC -6 PM 1:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: McCoy Health Rejuvenation Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

11680 Oak Avenue
Seminole, FL 33772

Mailing address, if different is:

PO Box 40511
St. Petersburg, FL 33743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell health products.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC -6 PM 1:29

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Shonna Bedford President/CEO</u>	Name and Title:	<u>Christopher McCoy Vice President</u>
Address	<u>11680 Oak Ave</u> <u>Seminole, FL 33772</u>	Address:	<u>11680 Oak Ave</u> <u>Seminole, FL 33772</u>

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

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

(cont.)

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: Shonna Bedford
Address: 11680 Oak Avenue
Seminole, FL 33772

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Shonna Bedford
Address: 11680 Oak Avenue
Seminole, FL 33772

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

 12/1/13
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.

 12/1/13
Required Signature/Incorporator Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC -6 PM 1:29