

PA000034623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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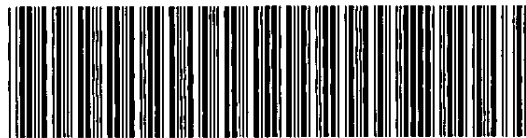
(Business Entity Name)

(Document Number)

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14 APR 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Legally Lean, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lisa Dorfman

Name (Printed or typed)

6421 sw 109th street

Address

miami, florida 33156

City, State & Zip

3058541065

Daytime Telephone number

foodfitnes@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: Legally Lean, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6421 sw 109th street

miami florida 33156

Mailing address, if different is:

po box 565505

miami, fl 33256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: education and consulting services

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: lisa dorfman, president

Address: 6421 sw 109th street
miami fl 33156

Name and Title: bob dorfman vice president

Address: 6421 sw 109th street
miami fl 33156

Name and Title: rebecca dorfman, treasurer

Address: 6421 sw 109th street
miami, fl 33156

Name and Title: joe dorfman, secretary

Address: 6421 sw 109th street
miami fl 33156

Name and Title: _____

Address: _____

Name and Title: _____

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: Lisa Dorfman
Address: 6421 sw 109th street
miami, fl 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Dorfman
Address: 6421 sw 109th street
miami fl 33156

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

4/21/14
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

4/21/14
Date

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