

P/4000042311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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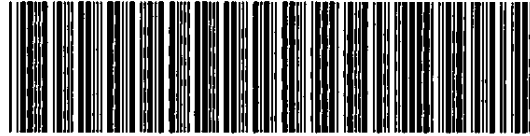
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/13/14

COVER LETTER

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

SUBJECT: MY BEST HEALTH MOVE, 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: SJ COOPER & ASSOCIATES

Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366

Address

NAPLES FL 34104

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjcfinance.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: MY BEST HEALTH MOVE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5049 RUSTIC OAK CIRCLE
NAPLES, FL 34105

Mailing address, if different is:

C/O SJ COOPER & ASSOCIATES
3269 STURGEON BAY CT
NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A LEGAL & PROFESSIONAL CONSULTING CO.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES WELLS GOLDMAN, P

Name and Title: _____

Address 5049 RUSTIC OAKS CIRCLE

Address: _____

NAPLES, FL 34105

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: **STEVEN COOPER**
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

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ARTICLE VII INCORPORATOR

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

Name: **STEVEN COOPER**
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

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

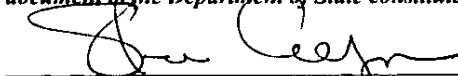


Required Signature/Registered Agent

05/06/2014

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

05/06/2014

Date