

P14000074892

(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



900262358629

08/11/14--01026--008 **78.75

14 SEP -4 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Shape My Body 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: Contina Washington
Name (Printed or typed)

2124 Liston Ct.
Address

Orlando, FL 32811
City, State & Zip

407 496 3592
Daytime Telephone number

tina1005.tw@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

CONTINA WASHINGTON
2124 LISTON CT.
ORLANDO, FL 32811

SUBJECT: SHAPE MY BODY
Ref. Number: W14000050586

We have received your document for SHAPE MY BODY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00017757

TALLAHASSEE, FLORIDA

14 SEP -4 AM 10:56

RECEIVED

20

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: Shape My Body Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2124 Liston Ct.

Orlando, Fl 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail merchandise sales

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Contina Washington/President

Name and Title: _____

Address 2124 Liston Ct.

Address: _____

Orlando, Fl 32811

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 SEP -4 AM 9:59
SOUTH FLORIDA
DEPARTMENT OF REVENUE

(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: Contina Washington
Address: 2124 Liston Ct.
Orlando, FL 32811

14 SEP -4 AM 9:59
RECEIVED
STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Contina Washington
Address: 2124 Liston Ct
Orlando, FL 32811

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

C. Washington
Required Signature/Registered Agent

08/04/2014

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.

C. Washington
Required Signature/Incorporator

08/04/2014

Date