

PK1000080005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

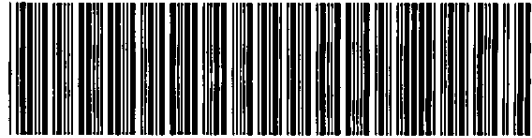
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 SEP 26 PM 1:05  
RECEIVED  
ALL AMASSEE, FLORIDA

MD 9/29

## COVER LETTER

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

SUBJECT: **Bombshell Bodyz 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: **Brian J. Strnad**

Name (Printed or typed)

**4603 Sloewood Drive**

Address

**Mount Dora, FL 32757**

City, State & Zip

**407-760-3652**

Daytime Telephone number

**bjsremodelers@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: Bombshell Bodyz Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

4603 Sloewood Drive

Mount Dora, FL 32757

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Brian J Strnad, President

Name and Title: \_\_\_\_\_

Address 4603 Sloewood Drive

Address: \_\_\_\_\_

Mount Dora, FL 32757

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

14 SEP 26 PM 1:05  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
MOUNT DORA

(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: Brian J Strnad

Address: 4603 Sloewood Drive

Mount Dora, FL 32757

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brian J Strnad

Address: 4603 Sloewood Drive

Mount Dora, FL 32757

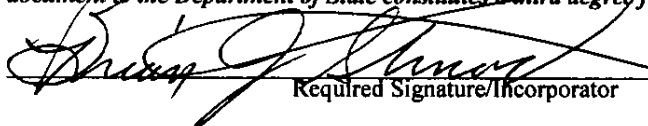
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

9/22/14  
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

9/22/14  
Date

FILED  
14 SEP 26 PM 1:05  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-08-2014 BY 60322 UCBAW