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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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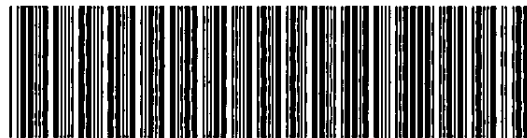
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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*005

9/29/14

COVER LETTER

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

SUBJECT: Your Hormones 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: Ann Eileen Collins

Name (Printed or typed)

6231 Medici Ct Apt 105

Address

Sarasota, Florida 34243

City, State & Zip

941-355-0576

Daytime Telephone number

ann@yourhormones.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: Your Hormones Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6231 Medici Ct Apt 105

Sarasota, Florida 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any or all
lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ann E Collins, CFO

Name and Title: _____

Address 6231 Medici Ct Apt 105
Sarasota FL 34243

Address: _____

Name and Title: Joseph John Collins, President

Name and Title: _____

Address 6231 Medici Ct Apt 105
Sarasota FL 34243

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Ann Eileen Collins

Address: 6231 Medici Ct Apt 105

Sarasota FL 34243

ARTICLE VII INCORPORATOR

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

Name: Ann Eileen Collins

Address: 6231 Medici Ct Apt 105

Sarasota FL 34243

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

Ann Eileen Collins
Required Signature/Registered Agent

09/22/14

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.

Ann Eileen Collins
Required Signature/Incorporator

09/22/14

Date

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