

P/4000089894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

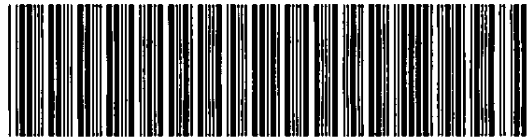
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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14 OCT 31 PM 3:18

SECRET/STATE  
TALLAHASSEE, FLORIDA

11/04/14

## COVER LETTER

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

SUBJECT: Just Be Tan 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: Wade Nelson

Name (Printed or typed)

81 Cypress Blvd East

Address

Homosassa, FL 34446

City, State & Zip

702-764-5499

Daytime Telephone number

wadenelson@rocketmail.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: Just Be Tan Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

81 Cypress Blvd East

Homosassa, FL 34446

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to conduct 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: Wade Nelson Officer

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

Address 81 Cypress Blvd East

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

Homosassa, FL 34446

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

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

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

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

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14 OCT 31 PM 3:18  
SECRETARY OF STATE  
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: Wade Nelson  
Address: 81 Cypress Blvd East  
Homosassa, FL 34446

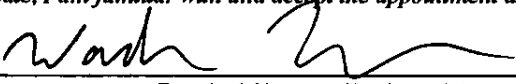
FILED  
14 OCT 31 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wade Nelson  
Address: 81 Cypress Blvd East  
Homosassa, FL 34446

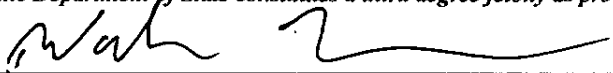
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/24/2014

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

10/24/2014

Date