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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/17/14

**COVER LETTER**

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

**SUBJECT:** Bodybuilding Strong, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Giuliana Gonsalves  
Name (Printed or typed)  
5282 SW 69th Place  
Address  
Miami, FL 33155  
City, State & Zip  
786-425-7462  
Daytime Telephone number  
ggnrg@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

**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: Bodybuilding Strong, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different

5282 SW 69th Place

Miami, FL 33155

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide resources for people to get ready for bodybuilding competitions.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Giuliana Gonsalves CEO & Director

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

Address 5282 SW 69th Place  
Miami, FL 33155

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

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

Address: \_\_\_\_\_ 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: Giuliana Gonsalves  
Address: 5282 SW 69th Place  
Miami, FL 33155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Giuliana Gonsalves  
Address: 5282 SW 69th Place  
Miami, FL 33155

*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

11/09/2014

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

11/09/2014

Date

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