

P14000094594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

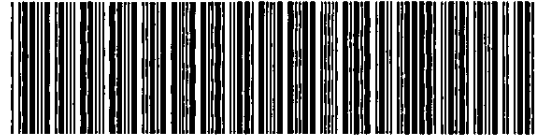
Certified Copies _____ Certificates of Status _____

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NOV 21 2014

T. SCOTT



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11/18/14--01013--008 **87.50

NOV 18 AM 10:00

RECEIVED
DIVISION OF REVENUE
NOV 18 2014

COVER LETTER

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

SUBJECT: Original Soup Cleanse 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Reuven Goldberg
Name (Printed or typed)

2841 NE 163rd St. #502
Address

North Miami Beach, Florida 33160
City, State & Zip

201-675-3591
Daytime Telephone number

reuven676@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: Original Soup Cleanse Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2841 NE 163rd St. #502

North Miami Beach

Florida 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Macrobiotic, Gluten Free Products and Remedies

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dina Goldberg, President

Name and Title: Reuven Goldberg VP

Address: 2841 NE 163rd St. #502

Address: 2841 NE 163rd St. #502

North Miami Beach

North Miami Beach

Florida 33160

Florida 33160

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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: Reuven Goldberg
Address: 2841 NE 163rd St. #502
North Miami Beach, Florida 33160

ARTICLE VII INCORPORATOR

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

Name: Reuven Goldberg
Address: 2841 NE 163rd #502
North Miami Beach, Florida 33160

NOV 18 AM 10:00

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

11/04/2014

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.

Required Signature/Incorporator

11/04/2014

Date