

P15000002901

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267132300

12/10/14--01022--005 **78.75

FILED
15 JAN 12 AM 11:59
STATE
TALLAHASSEE, FLORIDA

11/11/1-73856

ymd 1/13

COVER LETTER

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

SUBJECT: _____

Pilates with Geei

(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: _____

GERi Cue

Name (Printed or typed)

162 NE 2nd Ave

Address

Delray Beach, FL 33444

City, State & Zip

561-654-6775

Daytime Telephone number

GE5C@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2014

GERI CUE
162 NE 2ND AVE.
DELRAY BEACH, FL 33444

SUBJECT: PILATES WITH GERI, INC.
Ref. Number: W14000073856

We have received your document for PILATES WITH GERI, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 914A00026180

Returned for not properly signing. (filed out)
You already deposit my Check!

Reference Letter # 914 A000 26180
Reference # W140000 13856

Thank you.

Geri Cue

RECEIVED
15 JAN 12 PM 2:09
SECRETARY OF STATE
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:

Pilates With Geri, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

162 NE 2nd Avenue
Delray Beach FL
33444

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15 JAN 12 AM 11:59
SECRETARY OF STATE
ALLIANCE STATE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pilates Studio

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Geri Cue PSD

Name and Title:

Address

162 NE 2nd Ave
Delray Beach FL
33444

Address:

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: GERI CUE

Address: 162 NE 2nd Ave
Delray Beach, FL 33444

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GERI CUE

Address: 162 NE 2nd Ave
Delray Beach, FL 33444

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

Geri Cue

Required Signature/Registered Agent

12/8/14
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.

Geri Cue

Required Signature/Incorporator

12/8/14
Date