

P1500010206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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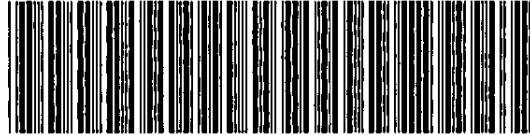
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 2 15-18

COVER LETTER

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

SUBJECT: **Brilliant Body Science Healing Spa, 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: **Kathleen H. Abraham**

Name (Printed or typed)

11767 NW 48th Street

Address

Coral Springs, FL 33076

City, State & Zip

954-696-1957

Daytime Telephone number

kathy.abraham.practitioner@gmail.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: Brilliant Body Science Healing Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11767 NW 48th Street
Coral Springs, FL 33076

Mailing address, if different is:

5944 Coral Ridge Drive, #313
Coral Springs, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen H. Abraham, PRES

Address: 11767 NW 48th Street
Coral Springs, FL 33076

Name and Title: Kathleen H. Abraham, DIR

Address: 11767 NW 48th Street
Coral Springs, FL 33076

Name and Title: Kathleen H. Abraham, VP

Address: 11767 NW 48th Street
Coral Springs, FL 33076

Name and Title: _____

Address: _____

Name and Title: Kathleen H. Abraham, SECT

Address: 11767 NW 48th Street
Coral Springs, FL 33076

Name and Title: _____

Address: _____

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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:

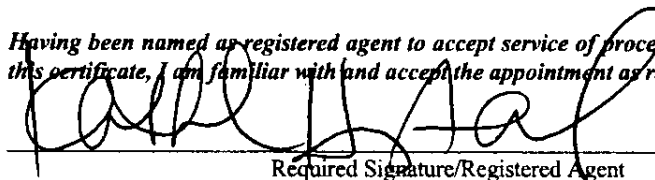
Name: Kathleen H. Abraham
Address: 11767 NW 48th Street
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen H. Abraham
Address: 11767 NW 48th Street
Coral Springs, FL 33076

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

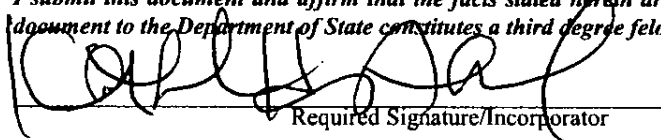


Required Signature/Registered Agent

1-20-15

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

1-20-15

Date