

P1500002339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

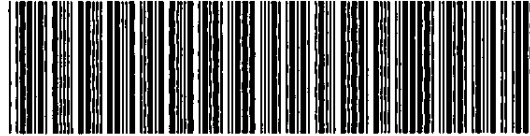
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500269138845

03/09/15--01041--019 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -9 PM 12:13

APPROVED
AND
FILED

144

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

LET MY BODY HEAL INC.

SUBJECT: _____
(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

David Sigler
FROM: _____
Name (Printed or typed)

5347 NW 20th Place

Address

Ocala, FL 34482

City, State & Zip

407-504-5102

Daytime Telephone number

dsigler@letmybodyheal.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 FOR FLORIDA PROFIT BENEFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME LET MY BODY HEAL INC.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2775 NW 49th Ave, Suite 205-106

Ocala, FL 34482

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Purpose is to motivate, educate and train individuals to actively pursue healthy living. This

manifests itself in two areas: 1) recognizing the uniqueness of individuals in society, to provide

accurate, unbiased information about how to design a healthy lifestyle; and 2) recognizing the free

market nature of our economy, to promote awareness of healthy options to encourage the market

to move in the direction of improving the health and well-being of all members of society.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) are as follows (optional):

Focus is to Improve Human Health with a secondary and related focus on Environmental Good.

Let My Body Heal is about educating and training people toward healthy living – what we eat as the

primary driver, without neglecting other areas, including the avoidance of environmental toxins.

ARTICLE IV SHARES 10,000,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: David Sigler, CEO

Name and Title: _____

Address 5347 NW 20th Place

Address: _____

Ocala, FL 34482

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 MAR -9 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 MAR -9 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

5347 NW 20th Place

Ocala, FL 34482

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ Registered Agents Inc.

Address: _____ 3030 N. Rocky Point Dr, Suite 150A

Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ David Sigler

Address: _____ 5347 NW 20th Place

Ocala, FL 34482

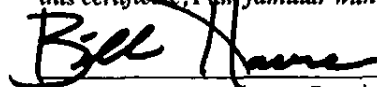
ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Was Managing Director for the 501(c)3 non-profit, Greenhouse Gas Experts Network Inc. DBA as the

Greenhouse Gas Management Institute - training individuals on greenhouse gas accounting, auditing

and compliance procedures. This required familiarity with third party environmental auditing.

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



Registered Agents Inc.

Bill Havre, President

Required Signature/Registered Agent

3/4/2015

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.



DAVID R. SIGLER

Required Signature/Incorporator

MARCH 4/2015

Date