

P15 0000 56647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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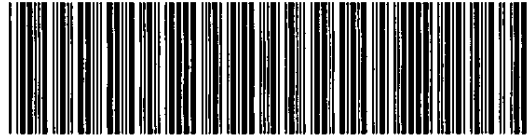
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Use Only



200273838742

06/15/15--01033--007 **78.75

FILED
15 JUN 20 15:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUN 29 15:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-2-15-8

COVER LETTER

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

SUBJECT: Body Shop Nutrition Corp

(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: Humberto Panneflek

Name (Printed or typed)

11247 NW 79th Lane

Address

Doral, FL 33178

City, State & Zip

7868636322

Daytime Telephone number

hpanneflek@hotmail.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: Body Shop Nutrition Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

11247 NW 79th Lane

Doral FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Supplement distribution

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Humberto Panneflek/President

Name and Title: _____

Address 11247 NW 79th Lane

Address: _____

Doral, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
15 JUN 20 PM 3:38

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: Humberto Panneflek _____

Address: 11247 NW 79th Lane _____

Doral, FL 33178 _____

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ARTICLE VII INCORPORATOR

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

Name: Humberto Panneflek _____

Address: 11247 NW 79th Lane _____

Doral, FL 33178 _____

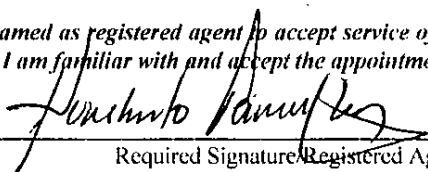
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

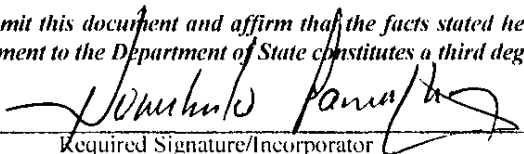


Required Signature/Registered Agent

6/1/2015

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.



Required Signature/Incorporator

6/1/2015

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

HUMBERTO PANNEFLEK
11247 NW 79TH LANE
DORAL, FL 33178

SUBJECT: BODY SHOP NUTRITION CORP
Ref. Number: W15000042337

We have received your document for BODY SHOP NUTRITION CORP 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 effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 815A00012853

RECEIVED
15 JUN 29 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 JUN 29 PM 3:38
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