

P15000056886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

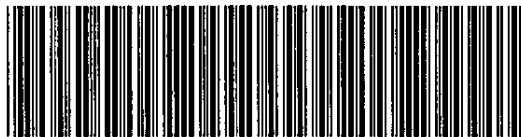
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WIS-42388

Office Use Only



200273838172

06/15/15--01033--023 **78.75

APPROVED
AND
FILED
15 JUN 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Sobe Nutrition 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

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Joshua Shackelford
Name (Printed or typed)
140 NE 28th Ave #305
Address
Pompano Beach fl 33062
City, State & Zip
407-451-4443
Daytime Telephone number
Sobe Nutrition Inc @ gmail.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

June 18, 2015

JOSHUA SHACKELFORD
140 NE 28TH AVE #305
POMPANO BEACH, FL 33062

SUBJECT: SOBE NUTRITION INC
Ref. Number: W15000042388

We have received your document for SOBE NUTRITION 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 515A00012870

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JUN 15 PM 12:52

ARTICLE I NAME

The name of the corporation shall be: Sobe Nutrition Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 NE 28th Ave Pompano Beach
#305 Florida 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Nutrition, Sports supplements,
e commerce online sales,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joshua Shalkeford

Name and Title: CEO/owner

Address: 140 NE 28th Ave #305
Pompano Beach FL
33062

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVAL
AND
FILED

15 JUN 15 PM 12:52

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Joshua Shackleford

Address:

140 NE 28th Ave #305

Pompano Beach FL 33062

ARTICLE VII INCORPORATOR

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

Name:

Joshua Shackleford

Address:

140 NE 28th Ave #305

Pompano Beach FL 33062

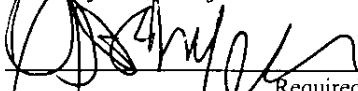
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/29/2015 (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

6/29/2015
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

6/29/2015
Date