

P/5 0000 65207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

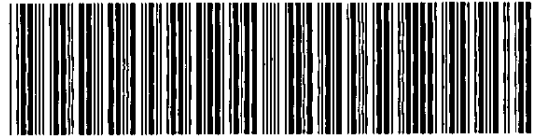
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

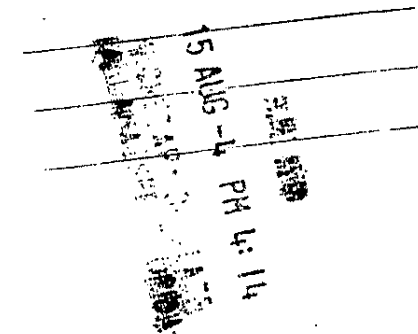
Special Instructions to Filing Officer:

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05/06/10--01018--004 \*\*150.00



W 8/3

## COVER LETTER

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

**SUBJECT:** Abdominal Training Wheel 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:** Terry Lewis

\_\_\_\_\_  
Name (Printed or typed)

109 W. 16th Street

\_\_\_\_\_  
Address

Jacksonville, Florida 32206

\_\_\_\_\_  
City, State & Zip

904-861-4606

\_\_\_\_\_  
Daytime Telephone number

abtrainingwheels@yahoo.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: Abdominal Training Wheels, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

109 W. 16th Street

Jacksonville, FL 32206

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a business that helps people and make a profit in doing so.

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Lewis

Name and Title:

Address: 109 W. 16th Street

Address:

Jacksonville, Florida 32206

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Terry Lewis  
Address: 109 W. 16th Street  
Jacksonville, Florida 32206T

**ARTICLE VII - INCORPORATOR**

The name and address of the Incorporator is:

Name: Terry Lewis  
Address: 109 W. 16th Street  
Jacksonville, Fl. 32206

**ARTICLE VIII - EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 4, 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:*

Terry Lewis  
Required Signature/Registered Agent

August 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.*

Terry Lewis  
Required Signature/Incorporator

August 4, 2015

Date

15 AUG -4 PM 4:14  
RECEIVED  
CLERK OF THE COURT  
JACKSONVILLE, FLORIDA