

P15000090341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

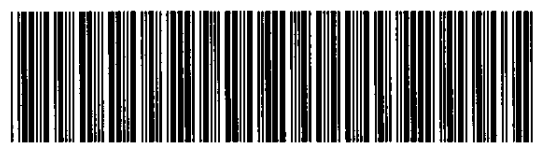
Certificates of Status _____



Special Instructions to Filing Officer:

~~1215-70063~~

Office Use Only



900278023559

10/14/15--01005--002 **78.75

EFFECTIVE DATE

1-1-16

2015 NOV -4 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV - 5 2015

COVER LETTER

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

SUBJECT: Coaching Healthy Living, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SHANNA KING
Name (Printed or typed)

136 FORT SMITH BLVD
Address

Deltona, FL 32738
City, State & Zip

407-595-3746
Daytime Telephone number

shanna.vzw@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

October 22, 2015

SHANNA KING
136 FORT SMITH BLVD
DELTONA, FL 32738

SUBJECT: COACHING HEALTHY LIVING, INC
Ref. Number: W15000070063

We have received your document for COACHING HEALTHY LIVING, 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 615A00022373

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: Coaching Healthy Living, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

136 Fort Smith Blvd
De Hona, FL 32738

EFFECTIVE DATE

1-1-16

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A for-profit corporation
providing coaching services in health and
wellness

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shanna King - ~~President~~ President

Address 136 Fort Smith Blvd
De Hona, FL 32738

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2015 NOV -4 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Shanna King
Address: 136 Fort Smith Blvd
De Hona, FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shanna King
Address: 136 Fort Smith Blvd
De Hona, FL 32738

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016. (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

Shanna King
Required Signature/Registered Agent

10/8/2015
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.

Shanna King
Required Signature/Incorporator

10/8/2015
Date