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16 JAN 22 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan FEB 2 - 2016

## COVER LETTER

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

**SUBJECT:** BODY B HEALTHY 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:** BONNIE G DEES

Name (Printed or typed)

2227 S FERDON BLVD

Address

CRESTVIEW, FLORIDA 32536

City, State & Zip

850-682-8893

Daytime Telephone number

ann904@fwbfl.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 B HEALTHY INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2227 S FERDON BLVD

CRESTVIEW, FL 32536

SECRETARY OF STATE  
MAILING ADDRESS  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NATURAL FOOD NUTRITION

**ARTICLE IV SHARES**

The number of shares of stock is: 100 \$100.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BONNIE DEES PRESIDENT

Address 5525 KIOWA PASS

CRESTVIEW, FL 32536

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: MICHAEL J DEES DIRECTOR

Address 5525 KIOWA PASS

CRESTVIEW, FL 32536

Name and Title: \_\_\_\_\_

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: BONNIE G DEES

Address: 5525 KIOWA PASS

CRESTVIEW, FL 32536

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**ARTICLE VII INCORPORATOR**

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

Name: BONNIE J DEES

Address: 5525 KIOWA PASS

CRESTVIEW, FL 32536

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JAN. 15, 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*

Bonnie G. Dees  
Required Signature/Registered Agent

1-20-16  
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.*

Bonnie G. Dees  
Required Signature/Incorporator

1-20-16  
Date