P16000016260

(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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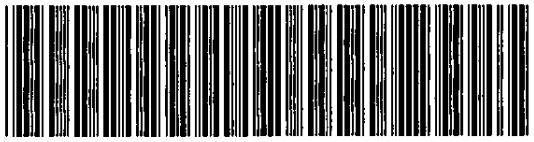

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 22 2016

COVER LETTER

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

SUBJECT: V Motion 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

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Lynzee Dale Grom
Name (Printed or typed)

28 Gables Blvd
Address

Weston, FL 33317
City, State & Zip

954 552 3844
Daytime Telephone number

vmotionyoga@gmail.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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: V Motion Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

28 Gables Blvd

Weston , Fl 33317

Mailing address, if different is:

135 Weston Road #153

Weston, Fl 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: business of wellness and goodness

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynzee Dale Grom President/secretary

Address: 28 Gables Blvd

Weston , FL 33317

Name and Title: Doanld Francis Hoss VP/ Treasurer

Address: 201 Las Brisas Circle

Weston, FL 33317

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Lynzee Dale Grom

Address: 28 Gables Blvd

Weston, FL 33317

ARTICLE VII INCORPORATOR

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

Name: Donald F Hoss

Address: 201 Las Brisas Circle

Weston , FL 33317

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TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 14, 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.

_____ 2/2/2016

Required Signature/Registered Agent 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.

_____ 2/2/2016

Required Signature/Incorporator Date