

P16000017674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

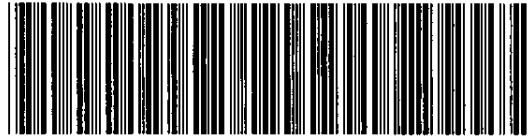
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/04/16--01048--020 \*\*87.50

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16 FEB 22 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W16-2511

WMD 2/25

## COVER LETTER

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

**SUBJECT:** FLY BODIES, 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:** PAUL LINTON  
Name (Printed or typed)

813 SE 18TH COURT  
Address

FORT LAUDERDALE, FL 33316  
City, State & Zip

(727) 504-9331  
Daytime Telephone number

FLYBODIES@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

January 14, 2016

PAUL LINTON  
813 SE 18TH COURT  
FT.LAUDERDALE, FL 33316

SUBJECT: FLY BODIES, INC.  
Ref. Number: W16000002511

We have received your document for FLY BODIES, INC. and your check(s) totaling \$87.50. 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 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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 116A00000939

**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: FLY BODIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
813 SE 18TH COURT  
FORT LAUDERDALE, FL 33316

Mailing address, if different:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PAUL LINTON, DIRECTOR

Address: 813 SE 18TH COURT  
FORT LAUDERDALE, FL 33316

Name and Title: KYLE MEREDITH, DIRECTOR

Address: 941 S.W. 19 STREET  
FORT LAUDERDALE, FL 33315

Name and Title: MIRNA MACHADO, DIRECTOR

Address: 10965 PERRY DRIVE  
MIAMI, FL 33176

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

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

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

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

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

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
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 SECRETARY OF STATE  
 ALI AHASSEF, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: MIRNA MACHADO  
 Address: 10965 PERRY DRIVE  
MIAMI, FL 33176

**ARTICLE VII INCORPORATOR**

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

Name: PAUL LINTON  
 Address: 813 SE 18TH COURT  
FORT LAUDERDALE, FL 33316

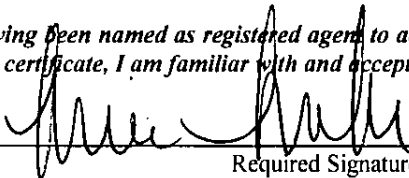
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

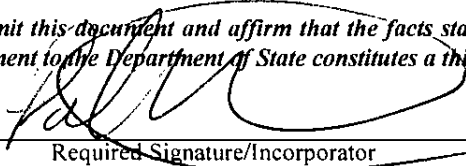
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/15/2016  
 \_\_\_\_\_  
 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

2/15/2016  
 \_\_\_\_\_  
 Date