Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🖂 🗀

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MAXISBODY INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME: The name of the corporation is:

Maxis Body. INC.
ARTICLE II PRINCIPAL OFFICE.
The principal street address and mailing address is:
510 NW 86 PL #210
Hiami - +1- 33/26
ANTE TO THE PROPERTY OF THE PR
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Marielys Batista (P)
,
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Marielys Batista
510 NW 86 PL # 210
Miami FL 33126
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Marielys Datisty
510 NW 86 PL #210
Miami FL 33126

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Required Signatures:

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

15 14 1016
egistede Agent 03 /24 /1016

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.

03/24/2016

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OF STATE
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