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(Requestor's Name)

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(City/State/Zip/Phone #)

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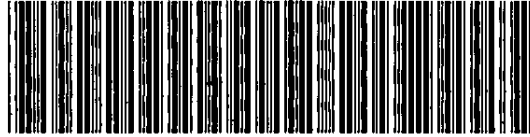
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 MAY 13 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Outagam MAY 19 2016

COVER LETTER

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

SUBJECT: A New You Massage and Bodywork, 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: JULIE CAMPBELL
Name (Printed or typed)

9413 WINDAM WAY
Address

TALLAHASSEE, FL 32312
City, State & Zip

850-601-5060
Daytime Telephone number

juliec4924@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)

ARTICLE I NAME

The name of the corporation shall be: A NEW YOU MASSAGE + BODY WORK, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9413 WINDAM WAY

PO BOX 38026

TALLAHASSEE, FL 32312

TALLAHASSEE FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO provide Massage therapy +
bodywork services to clients in order to decrease
pain + discomfort, promote increased general relaxation,

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Campbell/LMT

Name and Title: _____

Address

9413 Windam Way

Address: _____

Tallahassee, FL 32312

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: Julie Campbell

Address: 9413 Windam Way
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

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

Name: Julie Campbell

Address: 9413 Windam Way
Tallahassee, FL 32312

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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

Julie Campbell
Required Signature/Registered Agent

5-11-16
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.

Julie Campbell
Required Signature/Incorporator

5-11-16
Date