

P16000058293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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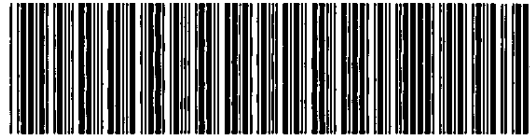
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 14 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

10/29/16

COVER LETTER

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

SUBJECT: Wells Nutrition 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: Christopher Florindo
Name (Printed or typed)

2555 NE 11th Street Ste 508
Address

Fort Lauderdale Florida 33304
City, State & Zip

(908) 868-1429
Daytime Telephone number

Cmfloindo@hotmail.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

June 29, 2016

CHRISTOPHER FLORINDO
2555NE 11TH STREET, STE 508
FORT LAUDERDALE, FL 33304

SUBJECT: WELLS NUTRITION INC
Ref. Number: W16000046033

RECEIVED
16 JUL 14 PM 2:55
FBI MIAMI, FLORIDA

We have received your document for WELLS NUTRITION INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 216A00013728

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: Full Motion Nutrition Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

2555 NE 11th St. Ste. 508
Fort Lauderdale, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

E-Commerce, Neutraceutical Sales

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Flokinds Name and Title: President / CEO

Address: 2555 NE 11th St. Ste. 508 Address: Fort Lauderdale, FL 33304

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: ~~Christopher~~ Christopher Flokindo

Address: 2555 NE 11th St. Ste. 508
Fort Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Flokindo

Address: 2555 NE 11th St. Ste. 508
Fort Lauderdale, FL 33304

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

Christopher Flokindo
Required Signature/Registered Agent

7/11/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Christopher Flokindo
Required Signature/Incorporator

7/11/16

Date
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TALLAHASSEE FLORIDA

FILED