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PAGE 01/04

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

Fit For Florida Nutrition Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: FIT FOR FLORIDA NUTRITION SERVICES 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: Todd M SMith
Name (Printed or typed)
1627 Featherband Dr
Address
Tampa, FL 33594
City, State & Zip
561-654-8779
Daytime Telephone number
tsmith@hbsemail.com
E-mail address: (to be used for future annual report notification)

SEP 21 2016
TALLAHASSEE, FLORIDA

15 SEP 21 AM 8:39

FILED

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: FIT FOR FLORIDA NUTRITION SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1627 Featherband dr

Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Broker Nutritional Supplements

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Todd Smith

Name and Title: _____

Address: 1627 Featherband dr

Address: _____

Valrico, FL 33594

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

16 SEP 21 AM 10:39
SUSAN L. BROWN
TALLAHASSEE, FL 32304

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: Todd M Smith

Address: 1627 Featherband Dr
Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Todd M Smith

Address: 1627 Featherband Dr
Valrico, FL 33594

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

Todd M Smith

Required Signature/Registered Agent

9/21/16

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.

Todd M Smith

Required Signature/Incorporator

9/21/16

Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA