

P/6000079070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

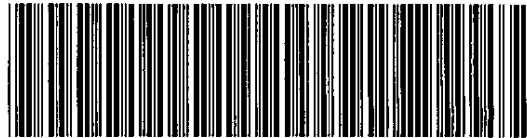
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 27 AM 11:08

09/28/16

## COVER LETTER

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

**SUBJECT:** Self Nurture, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Heather Barrington

\_\_\_\_\_  
Name (Printed or typed)

288 Portland Ave

\_\_\_\_\_  
Address

Spring Hill, FL 34606

\_\_\_\_\_  
City, State & Zip

(813) 714-2032

\_\_\_\_\_  
Daytime Telephone number

selfnurturmagazine@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: Self Nurture, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

288 Portland Ave

Spring Hill, FL 34606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide a service in the form of health information and ad services  
as well as personal training, coaching, and massage therapy services in the future.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000 total- 2mil Pref, 8mil commo

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

Name and Title: Heather Barrington Founder/ President

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

Address 288 Portland Ave

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

Spring Hill, FL 34606

Name and Title: Michael Barrington -Officer

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

Address 288 Portland Ave

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

Spring Hill, FL 34606

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

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

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DIVISION OF CORPORATIONS  
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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: Heather Barrington  
Address: 288 Portland Ave  
Spring Hill, FL 34606

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**ARTICLE VII INCORPORATOR**

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

Name: Heather Barrington  
Address: 288 Portland Avenue  
Spring Hill, FL 34606

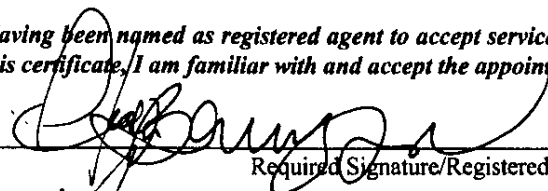
**ARTICLE VIII EFFECTIVE DATE:**

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

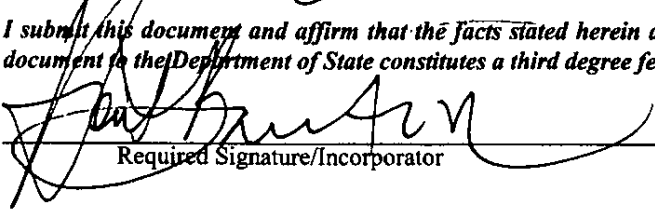
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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  
9/15/16  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator  
9/15/16  
Date