## P 9000004691

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

M1800083356



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2018

BASHAR DAOUD 14125 COLLIER BLVD NAPLES, FL 34119

SUBJECT: MUSCLE TONE BULLYS INC.

Ref. Number: W18000083356

We have received your document for MUSCLE TONE BULLYS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 118A00021574

## **COVER LETTER**

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

SUBJECT: MUSCI	LE TONE BULLYS INC.		
SUBJECT	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 CO	PY REQUIRED
FROM:		AAR DAOUD e (Printed or typed)	
		COLLIER BLVD	
	•	Address	
		S. FLORIDA 34119	
	City,	State & Zip	
		48-761-1505	
	Daytime T	elephone number	
		epits@gmail.com	
	E-mail address: (to be use	d for future annual report i	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 II PRINCI	Principal <u>street</u> address			
		Mailing a	Mailing address, if different is:	
	·			
	<del></del>	<u> </u>		
			<u></u>	
RTICLE III PURPO. The purpose for which the	<u>SE</u> e corporation is organized is: The p	ourpose or purposes for which the	corporation is formed is to	
engage in any activity w	ithin the purposes for which corpor	ations may be formed under the Bu	usiness Corporation Act of	
Fiorida.				
	<u> </u>		<u></u>	
		<u></u>		
	LOFFICERS AND/OR DIRECTO Bashar Daoud - President			
Name and Title	1 (125 Colling Dlud	Name and Title:	c.i	
Address	14123 Conici biva	Address:		
	Naples, FL 34119			
		<del></del>		
S.1 149%.1		Managard Tidler	•	
Name and Title:		Name and Title:		
Address		Address:		
			-	
Name and Title:		Name and Title:		
Name and Title:_ 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: BASHAR DAC	UB
Address: 141 Z 5 C 0 L L	IER BLUD
NAPLES FL	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: BASHAR D	AOUD
Name: <u>BASHAR</u> 1. Address: <u>14125 Cod</u>	LIER BUD
NAPLES F	<u> 2 34119</u>
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be sfiling.)	pecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
Having been named as registered agent to accept this certificate, I am familiar with and accept the	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
	October 11, 2018
Required Signature/Re	gistered Agent Date
	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
	October 11, 2018
Required Signature/Incorporator	Date