

A 24 0000 72500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

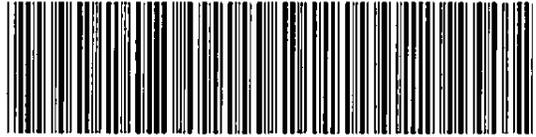
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 12/3

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING INC _____

1. SCULPT BODY LLAKES INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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: Sculpt Body LLakes Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2716 Stonewood Park Loop

2716 Stonewood Park Loop

Land O' Lakes, FL 34638

Land O' Lakes, FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jay Patel - President Name and Title: _____

Address: 2716 Stonewood Park Loop Address: _____

Land O' Lakes, FL 34638 _____

Name and Title: Veemal Patel -Vice President Name and Title: _____

Address: 2716 Stonewood Park Loop Address: _____

Land O' Lakes, FL 34638 _____

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: Jay Patel
 Address: 2716 Stonewood Park Loop
Land O' Lakes, FL 34638

ARTICLE VII INCORPORATOR

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

Name: Jay Patel
 Address: 2716 Stonewood Park Loop
Land O' Lakes, FL 34638

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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 days prior or 90 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

Jay Patel _____ 12-03-2024 _____
 Required Signature/Registered Agent 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.

Jay Patel _____ 12-03-2024 _____
 Required Signature/Incorporator Date