

# ND3000006216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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✓ D White 7/22/03

Office Use Only

*Jim*

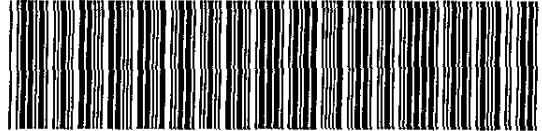
**GAVE**

**AUTHORIZATION BY PHONE TO**

**CORRECT *articles***

**DATE *7/21/03***

**DOC. EXAM *Dora White***



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07/18/03--01038--015 \*\*78.75

FILED  
03 JUL 21 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: FITNESS COMMITMENT INSTITUTE  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**  
NOT-FOR-PROFIT

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Jim SAYIH  
Name (Printed or typed)

1119 NW 143 AVE  
Address

PEMBROKE PINES, FL 33028  
City, State & Zip

305-297-5328  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

FITNESS COMMITMENT INSTITUTE, INC.

03 JUL 21 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1119 NW 143 AVE  
POMBROKE PINE, FL 33028

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO EDUCATE THE BENEFITS OF FITNESS TO  
PUBLIC SAFETY AND THE GENERAL POPULATION

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED

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

List name(s), address(es) and specific title(s):

DNIX MORGRA - DIRECTOR, 1119 NW 143 AVE, P. PINES, FL 33028  
FLAVIA BARBOSA - DIRECTOR, 1119 NW 143 AVE, P. PINES, FL 33028  
JIM SAYIH - DIRECTOR, 1119 NW 143 AVE, P. PINES, FL 33028

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

FLAVIA BARBOSA - REGISTERED AGENT  
1119 NW 143 AVE P. PINES FL 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FLAVIA BARBOSA - INCORPORATOR

\*\*\*\*\*  
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.

Flavia Barbosa  
Signature/Registered Agent F

07/10/03  
Date

Flavia Barbosa  
Signature/Incorporator

07/10/03  
Date