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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Curves of St. Pete Beach, 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: Rider, Weiner & Frankel, P.C.
Name (Printed or typed)

PO Box 2280
Address

Newburgh, NY 12550
City, State & Zip

845-562-9100
Daytime Telephone number

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:

Curves of St. Pete Beach, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4615 Gulf Boulevard
St. Pete Beach, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the Business Corporation Code. The Corporation is not formed to engage in an activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

ARTICLE IV SHARES

The number of shares of stock is:

Two Hundred (200) shares, which shall be of one class only, and which shall be without par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lorraine Snead, President
455 Pole Hill Road
Goodlettsville, TN 37072

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ARTICLE VI REGISTERED AGENT

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

Lorraine Snead
Curves of St. Pete Beach, Inc.
4615 Gulf Boulevard
St. Pete Beach, FL 33706

ARTICLE VII INCORPORATOR

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

Lorraine Snead
455 Pole Hill Road
Goodlettsville, TN 37072

****

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

Signature/Registered Agent — 4/15/04 Date

Signature/Incorporator — 4/15/04 Date