

PD4000067218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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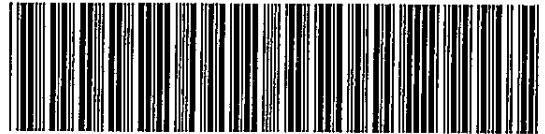
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/19/04

## 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/mailling 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

### **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:

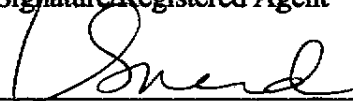
Lorraine Snead  
455 Pole Hill Road  
Goodlettsville, TN 37072

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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