

P05000126137

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28.9-14

TRANSMITTAL LETTER

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

SUBJECT: ULTIMATE FITNESS CENTER
(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: CHRIS DODDRIDGE
Name (Printed or typed)
P.O BOX 561111 MIAMI FL 33256
* 13101 US1 MIAMI FL 33156
Address

City, State & Zip

305 905-7006

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 28, 2005

CHRIS DODDRIDGE
P.O. BOX 561111
MIAMI, FL 33256

SUBJECT: ULTIMATE FITNESS CENTER
Ref. Number: W05000031541

We have received your document for ULTIMATE FITNESS CENTER 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

The registered agent must sign accepting the designation.

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

Please return the 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) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 805A00043650

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:

*ULTIMATE FITNESS CENTER INC.***ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*8734 SW 145 ST
MIAMI FL 33176***ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*FITNESS CONSULTING***ARTICLE IV SHARES**

The number of shares of stock is:

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

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

*CHRIS OODRIDGE
8734 SW 145 ST
MIAMI FL 33176***ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:*CHRIS OODRIDGE
8734 SW 145 ST
MIAMI FL 33176***ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:*CHRIS OODRIDGE
8734 SW 145 ST
MIAMI FL 33176*

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.

Christopher Oodridge
Signature/Incorporator/REGISTERED AGENT*9-14-05*
DateFILED
05 SEP 13 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA