

PO7000078709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

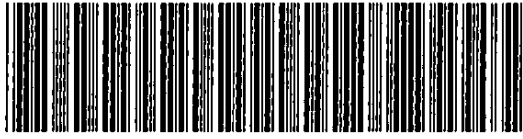
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/09/07--01037--007 **78.75

FILED
07 JUL -9 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: Alpha Fitness of St. Augustine 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Philip and Kathy Cochran
Name (Printed or typed)

1936 US 1 South
Address

St. Augustine, Fl. 32086-0000
City, State & Zip

904-824-3032
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:

Alpha Fitness of St. Augustine Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1936 US 1 South
St. Augustine, Fl. 32086-0000

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fitness Center

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):

Philip Cochran: President, Secretary
Kathy Cochran: Vice President, Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kathy Cochran
4902 Shore Drive
St. Augustine, Fl 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathy Cochran
4902 Shore Drive
St. Augustine, Fl 32086

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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

Kathy Cochran
Signature/Registered Agent

7-3-07
Date

Kathy Cochran
Signature/Incorporator

7-3-07
Date