91300020605

| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| . (Ad | dress) | | | | |
| (Cit | ry/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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02/27/13--01006--014

SECRETARY OF STATE SECRETARY OF CORPORATIONS

(2 31512 33-12)



February 28, 2013

JOANN W STEGNER 107 CHESHIRE RD DAYTONA BEACH, FL 32118

SUBJECT: ENDO-FIT, INC. Ref. Number: W13000012183

We have received your document for ENDO-FIT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 013A00004843

attention Pamela Smith RE: W 130000 12183

War De D 11/2 E

COVER LETTER

Department of State **New Filing Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Regarding signitures wrong on initial filing.

SUBJECT: Endo-Fit, 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

\$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

| FROM: Joann W Stegner | | | |
|--|--------------------|----------|-------------|
| Name (Printed or typed) | | | |
| 107 Cheshire Rd | | | |
| Address | | | |
| Daytona Beach, FL 32118 | TALL | 2013 MAR | 20 |
| City, State & Zip | E E | | |
| 386 451-8200 | ARY ASSE | ᆣ | : 3 : 0 |
| Daytime Telephone number | <u>_</u> | P | reti Ter |
| kingjoanfla@earthlink.net | STAT | | |
| E-mail address: (to be used for future annual report notification) | \supset r \cap | 'n | |

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)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

| The name of the corpor | ation shall be: Endo-Fit, Inc | |
|--------------------------------------|---|--|
| | INCIPAL OFFICE | 13 MAR -4 PM 3: I |
| 107 Cheshir | Principal <u>street</u> address | Mailing address, if different is: |
| | ach, FL 32118 | · · · · · · · · · · · · · · · · · · · |
| Daylona De | acii, FL 32110 | |
| | the corporation is organized is: | it, Inc. is a private personal training ed resistance and strength |
| training, card | dio and nutritional prograr | ms, small group class and |
| | | er to advanced suited to a |
| | ess level and goals. | |
| | | |
| | | |
| ARTICLE V IM Name and Titl Address | 107 Cheshire Road | |
| Name and Title Address | 31 Cunningham Drive | Address: |
| Name and Title | New Smyrna Beach, FL 32168 Joan King, Sec'y/Treasurer 107 Cheshire Road | Name and Title: |
| 7 1001000 | Daytona Beach, FL 32118 | |

FILED (conti.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

| Name and | d Title: | _ Name and Title: | 13 MAR -4 | PM 3: 12 |
|--|--|--|---|-------------------|
| Address | <u> </u> | Address: | | |
| | | - | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | orida street address (P.O. Box NOT acceptable) o | f the registered agent i | s: | |
| Name: | Joan King | | | |
| Address: | 107 Cheshire Road | <u>-</u> | | |
| | Daytona Beach, FL 32118 | <u>} </u> | | |
| ARTICLE VII | INCORPORATOR | | | |
| The name and ad | dress of the Incorporator is: | | | |
| Name: | _Joan King | | | |
| Address: | 107 Cheshire Road | <u>-</u> | · | |
| | Daytona Beach, FL 32118 | <u> </u> | | |
| | ned as registered agent to accept service of process um familiar with and accept the appointment as re | | | |
| (| Required Signature/Registered Agent | · I-R | 2/25/ | 13 |
| / | Required Signature/Registered Agent | | | Date |
| I submit this doc document to the l | / ument and affirm that the facts stated herein are Department of State constitutes a third degree felor | true. I am aware tha ny as provided for in s. | t the false informatio 817.155, F.S. | on submitted in o |
| (| Joan King 3. | 1./3 | 2/25 | /13 |
| | Required Signature/Incorporator | · | | Date |