



**COVER LETTER**

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

**SUBJECT: FF10 Riverview FL, 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: Kevin Donofrio**

Name (Printed or typed)

**8645 Elm Fair Blvd.**

Address

**Tampa, FL. 33610**

City, State & Zip

**813-760-6161**

Daytime Telephone number

**kevin@fitnesstrendzfl.com**

E-mail address: (to be used for future annual report notification)

**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)

RECEIVED  
DIVISION OF REVENUE

**ARTICLE I NAME**  
The name of the corporation shall be: FF10 Riverview FL, Inc.

14 JUL -3 AM 9:39

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

9630 US Hwy 301  
Riverview; Fl. 33578

Mailing address, if different is:

8645 Elm Fair Blvd  
Tampa, Fl. 33610

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The general nature of the business  
to be transacted and carried on by the corporation is to engage  
in any lawful act and activity or business permitted under the  
laws of the United States and of the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: Donofrio, Kevin (PST)  
Address: 2503 Culbreath Cove Ct  
Valrico, Fl. 33596

Name and Title: Donofrio, Katrina (D)  
Address: 2503 Culbreath Cove Ct  
Valrico, Fl. 33596

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

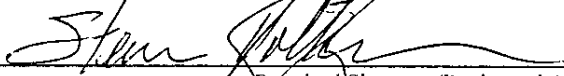
Name: Holtzman, Steven  
 Address: 3812 Coconut Palm Drive, Ste. 200  
Tampa, Fl. 33619

**ARTICLE VII INCORPORATOR**

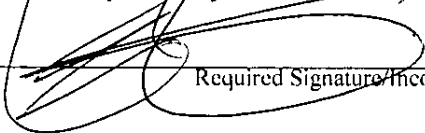
The name and address of the Incorporator is:

Name: Kevin Donofrio  
 Address: 2503 Culbreath Cove Ct  
Valrico, FL. 33596

*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*

 Required Signature/Registered Agent June 30, 2014 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 Required Signature/Incorporator 6/30/14. Date