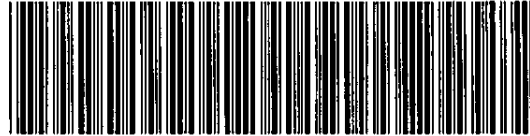


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FILED  
15 MAY - 7 PM 4:43  
STATE OF FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

COO - CHIEF OPERATING officer  
CEO - CHIEF EXECUTIVE officer  
Suffix - Inc.

per Jersey Giambrone  
05/12/15 DC

Office Use Only

New Corp.  
Art.  
05-12-15  
DC

~~1115 33582~~

COVER LETTER

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

SUBJECT: Fitness us of Niceville 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: Stephanie Cruz-Kiger  
Name (Printed or typed)

1231 W. Main Street  
Address

Owosso, MI 48867  
City, State & Zip

(989) 720-2348  
Daytime Telephone number

Stephanie.powerhousegym@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: Fitness us of Niceville Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1231 W. main Street  
owosso, MI 48867

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Boot Camp and Fitness Center.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Roberto Larrivey CEO Name and Title: \_\_\_\_\_

Address 1231 W. main Street Address: \_\_\_\_\_  
owosso, MI 48867

Name and Title: Jersey Grambrone COO Name and Title: \_\_\_\_\_

Address 1110 Juniper Avenue Address: \_\_\_\_\_  
Niceville, FL 32578

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
15 MAY -7 PM 4:43  
STATE OF FLORIDA  
ALLAHUSSEIN FLEMMING

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: Jersey Giambrone  
 Address: 734 Legion Drive #18  
Destin, FL 32541

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 15 MAY - 7 PM 4:43  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roberto Larrivey  
 Address: 1231 W. main st  
OWASSO, MI 48867

*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 4/28/15  
 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.*

Roberto Larrivey  
 Required Signature/Incorporator 4/28/15  
 Date