Department of S at Division of Congrations P. O. Box 6327 Tallahassee, FL 32314	78000	, 899	57 ggC
SUBJECT: Aesau	TE HAGITH AND FITT (Proposed o	NESS TUC.	suffix)
		* and the superior of the supe	00002669C -10/21/9801 *****78.75
Enclosed is an original ar	nd one(1) copy of the artic	les of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Henry Name (	GRAM Printed or typed)	
_	14405Hu	W 40W Address	
	<u> </u>	A PL 344X) , State & Zip	magneyaya da
(352) 489-6102 Daytime Telephone number			

F. CHESSER 0CT 2 2 1998

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

# ARTICLES OF INCORPORATION

- The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

ABSOLUTE HEALTH & FITNESS CENTER, INC.

# ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 20372 E. Pennsylvania Avenue, Suite B
Dunnellon, FL 34431

# SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

# ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Garrick Crocker 21111 SW Honeysuckle Street Dunnellon, FL 34431

### ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Alan Ingram

20372 E. Pennsylvania Avenue, Suite F

Dunnellon, FL 34431

Signature/Incorporator

Date

# ARTICLES OF INCORPORATION

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature/Registered Agent

Date

DIVISION OF CORPORATIONS