## TO TRINSMITTALLETTER 15

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

Fitness Depot of Jacksonville, Inc. SUBJECT: (Proposed corporate name - must include suffix) 700002949987--1 -08/04/99--01037--010 \*\*\*\*\*78.75 \*\*\*\*\*78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: □ \$70.00 □ \$78.75 **☑** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Meir Cohen FROM: Name (Printed or typed) 9735 Old St. Augustine Road, Suite 13 Address Jacksonville, Florida 32257 City, State & Zip

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

Daytime Telephone number

376-2320

## 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:

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ECRETARY OF STATE Fitness Depot of Jacksonville,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9735 Old St. Augustine Road, Suite 17 Jacksonville, Florida

ARTICLE III SHARES

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

1,000

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eilon Krugman-Kadi 824 East University Ave. Gainesville, Florida 32601

ARTICLE V INCORPORATOR

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

Meir Cohen 9735 Old St. Augustine Road, Suite 17 Jacksonville, Fl 32257

(An additional article must be added if an effective date is requested.)

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 obligations of my position as registered agent

Signature/Registered Agent