P10000084138

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
\\	
PICK-UP 💢 WAIT 🗌 MAIL	
<i>(</i> ~	
(Business Entity Name)	
/	
(Document Number)	
Certified Copies Certificates of Status	
Continued dopieds	
Special Instructions to Filing Officer:	
,	
,	





600186341586

10/18/10--01054--008 **78.75

TO ACKNOWLEDGE SUFFICIENCY OF FILING

DEPARTHENT OF STATE
DIVISION OF CORPORATION

2010 OCT 18 PM 1.5

0 0CI 18 THE 05

01/81/01

COVER LETTER

FILED

19 OCT 18 RM @ 05

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

وريدا ويات

GEORETABY OF STARE TALLAHASSEE, FLORIDA

SUBJECT: Ability 1		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status	
4	ADDITIONAL COPY REQUIRED	
FROM: Phil Amse (em (Printed or typed)		
6382 Belgrand dr		
Tallahassee, FC 32312		
950 - 55 - 509 - 93 48 Daytime Telephone number		
E-mail address: (to be used for future annual report notification)		
E-man address, (to be used for future annual report notification)		

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

عراءا وخه

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME Ability Ionl, inc The name of the corporation shall be: 10 OET 18 關金 05 PRINCIPAL OFFICE ARTICLE II Principal street address 5555-2 Roanoke Trail ARTICLE III PURPOSE The purpose for which the corporation is organized is: one on one exercise consulting. ARTICLE IV SHARES INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Phil Amsellem, Owner, PresidentName and Title: Name and Title: 6382 Belgrand dr Address: Address: Tallahared FC 32312 Name and Title:_ Name and Title: Address: Address: Name and Title:_ Name and Title: Address: Address: REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: thil Amsellem Name: Address: 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 any accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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 Depayment of Style constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator