P/40005755/

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

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

SUBJECT: FF	10 Riverview FL,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d 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 CO	OPY REQUIRED
FROM: K	Kevin Donofrio	e (Printed or typed)	
8	645 Elm Fair Blve	d.	
		Address	
T	ampa, FL. 33610		
	City,	State & Zip	
8	13-760-6161		
_	Daytime T	elephone number	
ke	evin@fitnesstrendzfl		
	E-mail address: (to be use	d 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 NAM The name of the corpora	TE tion shall be: FF10 Riverview I	FL, Inc.	PARAGE OF !	
ARTICLE II PRINCIPAL OFFICE Principal street address 9630 US Hwy 301			14 JUL -3 Mailing address, if different is: Elm Fair Blvd	M 9: 3
Riverview; Fl.			pa, Fl. 33610	
ARTICLE III PUR The purpose for which t	<u>POSE</u> he corporation is organized is:	eneral natu	re of the business	
	ed and carried on by the			
in any lawful a	act and activity or busines	ss permitted	I under the	
laws of the Ur	nited States and of the St	ate of Floric		
				, , , , ,
Name and Title	rial officers and/or directo Donofrio, Kevin (PS)	Name and Title	Donofrio, Katrina 2503 Culbreath Co	(D)
The number of shares of ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTO Donofrio, Kevin (PST 2503 Culbreath Cove C	Name and Title	2503 Culbreath Co	ove Ct
The number of shares of ARTICLE V INIT Name and Title Address	rial officers and/or directo Donofrio, Kevin (PS)	Name and Title Address: Name and Title	2503 Culbreath Co Valrico, Fl. 3359	ove Ct

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Flo	REGISTERED AGENT prida 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 ad	dress of the Incorporator is:	
Name:	Kevin Donofrio	
Address:	2503 Culbreath Cove Ct	
	Valrico, FL. 33596	
	ned as registered agent to accept service of process of from familiar with and accept the appointment as region Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
I submit this doci document to the L	iment will affirm that the facts stated herein are to Department of State constitut es a t hird degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	Required Signature/Incorporator	6/39/14.
	Required Signature interporator	Date