

P19000084287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

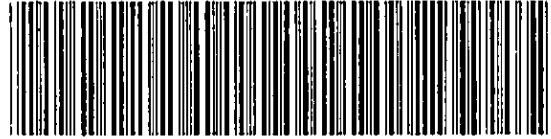
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1220 FITNESS, INC

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: 1220 FITNESS, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: KEVIN DEGNAN

Name (Printed or typed)

339 SW 30TH TERRACE

Address

DEERFIELD BEACH, FL 33442

City, State & Zip

954-421-7429

Daytime Telephone number

DEG52@COMCAST.NET

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: 1220 FITNESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1220 NE 8TH AVE

1224 NE 7TH AVE

FT. LAUDERDALE, FL 33304

FT. LAUDERDALE, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK LAURO, PRESIDENT

Name and Title: ERIC LAURO, VICE PRESIDENT

Address 1224 NE 7TH AVE

Address: 1224 NE 7TH AVE

FT. LAUDERDALE, FL 33304

FT. LAUDERDALE, FL 33304

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

FILED

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: MARK LAURO
Address: 1224 NE 7TH AVE
FT. LAUDERDALE, FL 33304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARK LAURO
Address: 1224 NE 7TH AVE
FT. LAUDERDALE, FL 33304

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ARTICLE VIII EFFECTIVE DATE: NOVEMBER 11, 2019

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mark Lauro
Required Signature/Registered Agent

NOV. 12, 2019

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.

Mark Lauro
Required Signature/Incorporator

NOV. 12, 2019

Date