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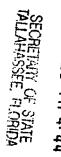
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W15-10830					

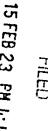




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02/09/15--01020--011 **78.75







COVER LETTER

10:	New Filing So Division of C							
SUBJ	IECT:	Fi-	tcom	IN	c.			
		N	ame of corp	oration	- mu	st include suffix	•	
Dear S	Sir or Madam:							
"Certi		ice," or "Certi	ficate of Go	od Star	iding'	and check are sub		ssiness in Florida," ed to register the
Please	return all corre	spondence cor	cerning this	matte	to th	e following:		
		GARY	BOYD	,				
		Fitco	om In	JC.				
-			Fir	m/Con	pany			
		1287	رسائىوە	-situ	1 1	<i>></i> ر		
				Addr	ess			
	(Coral s	Springs	. , F	L	33071 code		
			City/	State a	nd Zi	o code		
		gboyd @	links	med	r`a-	corp.com		
		E-mail ad	ldress: (to be	e used	for fut	ure annual report	notifi	cation)
For fu	rther informatio	n concerning t	his matter, p	olease o	all:			
(GARY B	040	at (954)	298 ~ 653 & Daytime Teleph	36	
	Name of Pers	on	· · · · · · · · · · · · · · · · · · ·	Area	Code	& Daytime Teleph	one l	Number
	New Filing Se Division of Co Clifton Buildi	orporations ng /e Center Circl				MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orpor 7	ations
Enclos	sed is a check fo		g amount:					
	0.00 Filing Fee	\ /	Filing Fee & cate of Statu	દે □ is		.75 Filing Fee & tified Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2015

GARY BOYD 1287 UNIVERSITY DR CORAL SPRINGS, FL 33071

SUBJECT: FITCOM INC. Ref. Number: W15000010830

We have received your document for FITCOM INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00003093

www.sunbiz.org

" DO DOV GOOD MILL I

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Fit	com Inc.					
	ration; must include "INCORPO" "Inc," "Co," or "Corp.")	ORATED," "COM	IPANY," '	"CORPORATION,	,,	
шс., со., согр,	me, co, or corp.					
Fit	com App INC	~				
(If name unavailable i	n Florida, enter alternate corpo	orate name adopted	for the pur	rpose of transacting	business in Florida	a)
2. Dela	ware	3				
(State or country und	ware der the law of which it is incorp	porated)	((FEI number, if app	licable)	
4\/28	S) (\$ acorporation)	5	Ra	erpatual		
					exist or "perpetual"	") <u></u>
6	(Date first transacted	115				8 3 3
	(SEE SECTIONS 407 150	N P. KOT 1500 E C	to determ	nina nanaltu liahilit	v)	7 Th
2	1707 July 2007	No Can	1 <00	ا کا میں اور	// 当代で ? マ ヘ フ レ ゚ロ	FILED 23 PI
<i>I</i>	(Principal	office address)	N 261	1473, EL	230 1 250 2003	
	1287 University (Principal 1287 Univers (Current n	ity Dr (ral S	sorihes Fl	33い7 語	₽₩ ተ: ተተ
• • • • • • • • • • • • • • • • • • • •	(Current n	nailing address)	<u> </u>	2 4 (44 2 1 :		
8. Name and street add	dress of Florida registered a	gent: (P.O. Box	NOT acc	eptable)		
Name:	GARY BOYD					
Office Address:	Coral Springs (City)					
_	Coral Sprinss	,]	Florida	33371		
	(City)		((Zip code)		
9. Registered agent's	•			al t a - a - a		
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my						
duties, and I am familiar with and accept the obligations of my position as registered agent.						

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

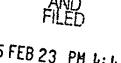




11. Names and business addresses of officers and/or directors:

A. DIRECTORS	15 FEB 23 PH 4: 44				
Chairman: GARY BOYD					
Address: 50 5w 3rd Aug 50	SECRETARY OF STATE DISCRETARY OF STATE TALLAHASSEE, FLORIDA				
Boxa Raton, FL 3	የ ዛቴ <u></u>				
Vice Chairman: SEAN KAUANAUG	14				
Address: 10213 5W (
Coral Springs,	FL 33071				
Director: Scott Morgan					
Address: 5248 NW 112th	Terrace				
Coral Springs, F.	L 33076				
Director: Michael Bissins					
Address: SYZ NE 7th Au	e Unit I				
Ft. Lauderdele 1	TL 33301				
B. OFFICERS					
President: GARY BOY 5					
Address: 50 SW 3N Aue	ress: 50 SW 3N AUC 502F				
Boice Roston, FL	33482				
Vice President: Michael Bigsins					
Address: 542 NE 74 Aux	Vn:+ 7-				
Ft. Laudendele	FL 33701				
Secretary: SEAN Kaveneugh					
Address: 10213 SW 1 (ourt Coral Springs, FL 37071				
Treasurer: Scott Morgan					
Address: 5248 NW 1124h	Terrace, Coral Springs, FL 33076				
NOTE: If necessary, you may attach an addendum	to the application listing additional officers and/or directors.				
12.	SN				
The officer or director signing this document (and w	e of Director or Officer tho is listed in number 12 above) affirms that the facts stated herein ation submitted in a document to the Department of State constitutes.				
13.	Sell GARY BOYD President				
(T-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-m-d-m-d-m-d-m-d-m					





The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FITCOM INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FITCOM INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2015.

5682318 8300

150225448

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 2134141

DATE: 02-19-15

You may verify this certificate online at corp. delaware.gov/authver.shtml