

NO7000009575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

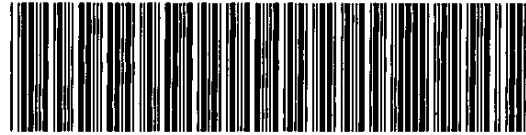
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

9/28/07

COVER LETTER

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

SUBJECT: Youth Fitness Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and 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

ADDITIONAL COPY REQUIRED

FROM: Shlomo Avinoam Lawrence c/o Felicia Shaman, Esquire
Name (Printed or typed)

200 SE 6th Street, Suite 205

Address

Fort Lauderdale, FL 33301

City, State & Zip

954-954-605-5804

Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Youth Fitness Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

200 SE 6th Street, Suite 205
Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Youth fitness and therapy program

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Shlomo Avinoam Lawrence, President
Felicia Shaman, Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Felicia Shaman, Esquire
200 SE 6th Street, Suite 205
Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

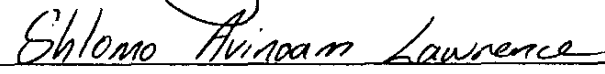
The name and address of the Incorporator is:

Shlomo Avinoam Lawrence
200 Se 6th Street, Suite 205
Fort Lauderdale, FL 33301

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.


Signature/Registered Agent


Date


Signature/Incorporator


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA