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| (Re | equestor's Name) | | | | | |
|---|--------------------|--------------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | dress) | | | | | |
| (Cit | ry/State/Zip/Phone | ÷#) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER



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

| SUBJECT: Runn | ing Man Club Cor | | | | |
|--------------------------------------|--|-------------------------------------|--|--|--|
| | (PROPOSED CORPORATI | E NAME – <u>MUST INCLU</u> | <u>IDE SUFFIX</u>) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Enclosed is an original a | and one (1) copy of the Artic | les 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 CO | DPY REQUIRED | | |
| | ' | | | | |
| | Michael Jeseph Ko | llor | | | |
| FROM: | Michael Joseph Ke | nted or typed) | _ | | |
| | | | | | |
| 3600 SW 19th Ave. #32 Address | | | | | |
| Address | | | | | |
| Gainesville, FI 32607 | | | | | |
| | City, St | ate & Zip | nervisioner visioner geroden og visioner i visioner visioner og det gereden de visioner visio | | |
| 813-727-4247 | | | | | |
| 1629 NWI Regression Telephone number | | | | | |
| | MichaelKellerSF | C@gmail.com | ו | | |

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

| | corporation shall be: | | | | |
|---|--|---|--|---|--|
| ARTICLE II | PRINCIPAL OFFICE | | | | |
| | Principal street address | | Mailing addre | ess, if different is: | |
| | 1629 NW 36th Way Gainesville, Fl 32605 | | | | |
| | | | | | |
| ARTICLE III | PURPOSE | | | | |
| The purpose for | which the corporation is organized is: | | | | |
| participate in cut lifestyle of health | an Club Corporations purpose is to inspire the Gaine tting edge training for athletic competitions without on and wholeness while creating a community of frien s of life. All profits will be used strictly for reimbursen | ost to the participant ds that are committed | t. This will allow part ed to one another thi | icipants to pursue rough both the ch | e a allenging |
| ARTICLE IV | MANNER OF ELECTION The manner in v | which the directors ar | e elected and appoint | ted: | |
| Appointed b | y founder Andrew Farina | | | • | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | es . | | | |
| | Title: Andrew Farina (Chief Executive Officer) | Name and Title: | | | |
| Address: | 1629 NW 36th Way Gainesville, FI 32605 | Address: | | | |
| | Gainesville, Fl 32605 | _ | | | |
| NI 4.5 | Title Timethy December (Chief Administrative Officer) | Name and Title | | | |
| Name and Address: | Title: Timothy Donavan (Chief Administrative Officer) | | | | |
| Address: | 6519 W. Newberry Rd. #610 Gainesville, Fl 32605 | Address | | | |
| Name and | Title: Michael Keller (Chief Financial Officer) | Name and Title: | | | |
| Address: | 3600 SW 19th Ave #32 | | | | |
| | Gainesville, FI 32607 | | | | |
| ARTICLE VI | REGISTERED AGENT | | | | |
| | lorida street address (P.O. Box NOT acceptable) of t | he registered agent is | s: | *************************************** | |
| Name: | Michael Keller | 5 5 | | 12 AL SE | |
| Address: | 3600 SW 19th Ave #32 | | | ≥: ₹ | mar nar |
| | Gainesville, Fl 32607 | | | A B B | 1 4 |
| | | | | 25/ 1/2 | gare |
| | | | | SSA OF | į. |
| RTICLE VII | INCORPORATOR | | | mc ro | der jatel merid |
| , | Idress of the Incorporator is: | | | | |
| Name: | Michael Keller | | | 25 52 25 52 | in the |
| Address: | 3600 SW 19th Ave #32 | | | | A CONTRACTOR OF THE PARTY OF TH |
| | Gainesville, FI 32607 | | | 9 DA | |
| * | | - A 41 1 | | | |
| | med as registered agent to accept service of process | | | ie piace aesignai | ea in inis |
| erajicate, i am j | amillar with and accept the appointment as registere | a agent ana agree to | act in this capacity | | |
| | | | 4/40/40 | | |
| | | | 4/18/12 | ······································ | • |
| - | Required Signature of Registered Agent | | | Date | |
| | ument and affirm that the facts stated herein are tru t of State constitutes a th ird degree felony as provided | | | n submitted in a d | locument |
| | | | 4140140 | | |
| | Parind Si di Mala | | 4/18/12 | Data | |
| | Required Signature of Incorporator | | | Date | |