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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/21/13--01033--006 **87.50



COVER LETTER

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

SUBJECT: Fight 4A Life, 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

Reginald Stewart

Name (Printed or typed)

2049 Polo Gardens Dr. #203

Address

Wellington, FI 33414

City, State & Zip

561-574-0261

Daytime Telephone number

scienceoffitness@yahoo.com

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

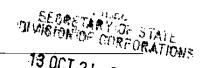
NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE	I	NAMI

ARTICLE I NAME
The name of the corporation shall be: Fight 4A Life, Inc.



ARTICLE II PRINCIPAL OFFICE

Principal street address:

2049 Polo Gardens Drive #203

Mailing address, if different is: 11924 Forest Hill Blvd. Suite 22-255

Wellington, FL 33414

Wellington, FL 33414

		·		
ARTICLE III		orporation is organized ex	clusively for, but not limited to charitable, educational purpose	es, and the advancement
	r which the corporation is organized is:	· · ·		
of scientific-based res	earch in the area of physical fitness. This corporation is a non-pr	ofit public benefit corpora	illion and is not organized for the private gain of any person.	The Fight 4A Life Group
will provide support	and advocacy to individuals who are deemed medically chall	enged in all aspects. Ti	ne Fight 4A Life Group will be a resource, as well as pro	vide on-going research
studies to any popula	ation-based entity that helps individuals in their pursuit of indep	endence through the us	e of innovative technology and training, regardless of their	r economic background
The Fight 4A Life Gr	oup will be an advocate to individuals in the pursuit of indepe	ndence through the adv	ancement of education and science. The Fight 4A Life G	roup will aim to provide
relief to under privileg	ed and distressed individuals. Furthermore, The Fight 4A Life Gi	roup will see to establish	global relief, both nationally and internationally to those who	have sustained injuries
ARTICLE IV	MANNER OF FLECTION The man	anner in which the	is pro	vided by the by-laws
ARTICED IV	MANAGER OF ESSECTION	ander in which the	e directors are elected and appointed.	
				
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	Reginald Stewart (President)	Name and Title	Lisa Schram (Director)	
Address	2049 Polo Gardens Dr. #203		2592 Lake Haven Rd.	
	Wellington, FL 33414	•	West Palm Beach, FL 33415	
Name and Title	Charisse Stewart, (VP, Treasure)	Name and Title	Beth Clark (Director)	
Address	2049 Polo Gardens Dr. #203	Address:	1421 Alpha Ct. N	
	Wellington, FL 33414		Lake Clarke Shores, FL 33406	
Name and Title	Jeanette Williams (Director)	Name and Title:	Nicole Rothman (Director)	
Address	5400 Palm Ridge Blvd.	Address:	1801 N. Flagler Dr. #704	
	Delray Beach, FL 33484		West Palm Beach, FL 33407	

Name and Title:		Name and Title:		
Address				
_				
Name and Title:		Name and Title:		
Address		Address:		
_				
_				
ARTICLE VI	REGISTERED AGENT			
The <u>name and Flo</u>	rida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Reginald Stewart			
Address:	2049 Polo Garden Drive #203			
	Wellington, fl. 33414			
	INCORPORATOR			
	ress of the Incorporator is:			
	ress of the Incorporator is: Reginald Stewart			
	ress of the Incorporator is:	‡ 203		
he <u>name and add</u> Name:	ress of the Incorporator is: Reginald Stewart	‡ 203		
The <u>name and add</u> Name: Address: Having been name	Reginald Stewart 2049 Polo Garden Drive 4 Wellington, fl. 33414 and as registered agent to accept service of	f process for the above stated cor		
The <u>name and add</u> Name: Address: Adving been name	Reginald Stewart 2049 Polo Garden Drive # Wellington, fl. 33414	f process for the above stated cor		
The <u>name and add</u> Name: Address: Adving been name	Reginald Stewart 2049 Polo Garden Drive # Wellington, fl. 33414 and as registered agent to accept service of miliar with and accept the appointment as	f process for the above stated cor registered agent and agree to act i		
The <u>name and add</u> Name: Address: Having been name	Reginald Stewart 2049 Polo Garden Drive 4 Wellington, fl. 33414 and as registered agent to accept service of	f process for the above stated cor registered agent and agree to act i	n this capacity	
The name and add Name: Address: Having been name ertificate, I am fail	Reginald Stewart 2049 Polo Garden Drive # Wellington, fl. 33414 and as registered agent to accept service of miliar with and accept the appointment as	f process for the above stated cor registered agent and agree to act i gent are true. I am aware that any fai	n this capacity 10-11-2013 Date	
The name and add Name: Address: Having been name ertificate, I am fail	Reginald Stewart 2049 Polo Garden Drive # Wellington, fl. 33414 ed as registered agent to accept service of miliar with and accept the appointment as Required Signature of Registered A ment and affirm that the facts stated herein	f process for the above stated corregistered agent and agree to act in sent agent. I gent are true. I am aware that any fair is provided for in s.817.155, F.S.	n this capacity 10-11-2013 Date	

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