

N14000006079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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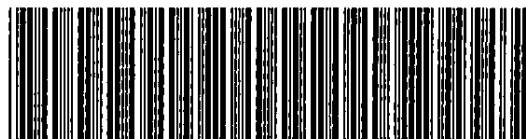
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 23 PM 3:19

6/25/14

## COVER LETTER

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

SUBJECT: **Fit Tallahassee, 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: **Sherman Rosier**

Name (Printed or typed)

**2030-6 Thomasville Rd.**

Address

**Tallahassee, FL. 32308**

City, State & Zip

**850-668-4383**

Daytime Telephone number

**sherman@fitfunctional.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 NAME**

The name of the corporation shall be: Fit Tallahassee, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2030-6 Thomasville Rd.

Tallahassee, Fl. 32308

Mailing address, if different is:

PO Box 16275

Tallahassee, Fl. 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of Fit Tallahassee is to provide an on-line community (fittallahassee.com)

for health and wellness. The goal of the company is to provide free accurate information that will help improve quality of life

through fitness and wellness education. Also keeping the community up to date on events, opportunities, and local and national wellness news.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed by current

director and board members.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sherman Rosier, Director

Address: 2030-6 Thomasville Rd.

Tallahassee, Fl. 32308

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 23 PM 3:19

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Sherman Rosier  
Address: 2030-6 Thomasville Rd.  
Tallahassee, FL. 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherman Rosier  
Address: 2030-6 Thomasville Rd.  
Tallahassee, FL. 32308

*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*



Required Signature of Registered Agent

6/16/14

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*



Required Signature of Incorporator

6/16/14

Date