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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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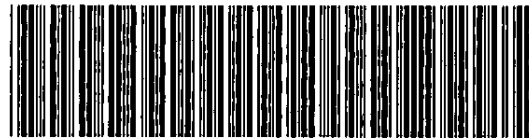
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT:** Fit Culture, Incorporated (Effective 09/08/2014)  
(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:** Lavenia C Allen  
Name (Printed or typed)

2740 John Paul Drive  
Address

Orlando, FL 32810  
City, State & Zip

(407) 408 - 0758  
Daytime Telephone number

lavenia.c.allen@gmail.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 Culture, Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2740 John Paul Drive

Orlando, FL 32810

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Fit Culture, Incorporated is a community-based health education, awareness, and  
prevention movement that emphasizes the goal of alleviating and eliminating cultural  
health disparities among minority women. The movement promotes a higher level of  
interest and participation in maintaining a healthy and active lifestyle; inspires change  
in cultural perceptions towards health and fitness; and develops programs to  
educate and engage community involvement in women's health issues.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed:

As provided for in the Bylaws.

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

Name and Title: Lavenia Allen, President

Address: 2740 John Paul Drive, Orlando, FL 32810

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

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

Name and Title: Lavenia Allen, Vice President

Address: 2740 John Paul Drive, Orlando, FL 32810

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

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

Name and Title: Lavenia Allen, Treasurer

Address: 2740 John Paul Drive, Orlando, FL 32810

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

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

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SECRETARY  
FLA  
MELANIE S. E. FLORIDA

Name and Title: Lavenia Allen, Secretary Name and Title: \_\_\_\_\_

Address: 2740 John Paul Drive, Orlando, FL 32810 Address: \_\_\_\_\_

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: Lavenia Allen

Address: 2740 John Paul Drive, Orlando, FL 32810

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lavenia Allen

Address: 2740 John Paul Drive, Orlando, FL 32810

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STATE  
TALLAHASSEE, FLORIDA

*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*

Lavenia C. Allen  
Required Signature of Registered Agent

08/12/2014  
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.*

Lavenia C. Allen  
Required Signature of Incorporator

08/12/2014  
Date