

714 00000 8217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



300262952433

08/07/14--01010--007 **78.75

SEP - 2 PM 3:22

STATE OF CALIFORNIA
DIVISION OF REVENUE

WYUW Office Use Only
44521

B 9/5/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2014

SHERMAN ROSIER
P.O. BOX 16275
TALLAHASSEE, FL 32317

SUBJECT: SORORITY FIT
Ref. Number: W14000049521

RECORDED
14 SEP -2 AM 11:55
TALLAHASSEE, FL ORIDA

We have received your document for SORORITY FIT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 914A00017374

COVER LETTER

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

SUBJECT: _____

Sorority Fit Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

Sherman Rosier
Name (Printed or typed)

P O Box 16275
Address

Tallahassee, FL 32317
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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Sorority Fit Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2030-6 Thomasville Rd.
Tallahassee, FL 32303

PO Box 16275
Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health and Fitness
organization for college students. A for profit
program

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherman Rosier^D Name and Title: _____

Address 2030-6 Thomasville Rd. Address: _____
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SEP -2 PM 3:23

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

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

 8/4/14
Required Signature/Registered Agent Date

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

 8/4/14
Required Signature/Incorporator Date

14 SEP -2 PM 3:23
DIVISION OF CORPORATE AFFAIRS
FLORIDA DEPARTMENT OF STATE