OO FEB 10 PM 6: 37
TALLAHASSEE, FLORIDA

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

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SUBJECT:	Trinity Fitness, Inc.			
	(Proposed corpor	ate name - must include suff	îx)	سند د
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		inted or typed)		
	P. O. Box 1394	ddress		ش
	Dade City, Florida 33526-1394 City, State & Zip			=
	813/713-0834 Daytime Te	elephone number	 .	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Trinity Fitness, Inc.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Post Office Box 1394 Dade City, FL 33526-1394

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 (One)

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Crystal West 11925 Circle B Road Dade City, FL 33525 INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Crystal West P. O. Box 1394 Dade City, FL 33526-1394

> Signature/Incorporator Crystal West

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent