

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

SUBJECT:	Kissimmee Fitness Ce (Proposed corporate name – must include		******70.00 *****70
Enclosed is an original	and (1) copy of the articles of inco	rporation and a check for:	
▼ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COPY F	S87.50 Filing Fee, Certified Copy & Certificate of Status
		Villiam Schacht (Printed or Typed)	TALLAN 19
	3501 W. Vine Street #269		
	Address		
	Kissimmee, FL 34741 City, State & Zip		
	(407)	044_4310	

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

Daytime Telephone number

.00

ARTICLES OF INCORPORATION (FLORIDA)

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: Kissimmee Fitness Center, Inc.

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 3501 W. Vine Street, Suite 349, Kissimmee, FL 34741

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: William E. Schacht, 3501 W. Vine Street, Suite 269, Kissimmee, FL 34741

<u>ARTICLE V</u> - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Linda M. Chalarca, 2354 Harbortown Drive, Kissimmee, FL 34744

Liusla M Chalmena 6/17/00
Signature of Incorporator Date

Having 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 of Registered Agent Date