

P00000082514

TRANSMITTAL LETTER

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

SUBJECT: ALL AROUND FITNESS, INC.

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-08/28/00--01080--011
*****87.50 *****87.50

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 of Status
ADDITIONAL COPY REQUIRED

FROM: Silvio G. Hidalgo
9517 Fountainbleau Blvd. Suite 001
Miami, Florida 33172
(305) 225-6413

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
00 AUG 29 AM 8:47

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

f 8/31/00

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: ALL AROUND FITNESS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9517 Fontainebleau Blvd., Suite 001
Miami, Florida 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Silvio G. Hidalgo
9517 Fontainebleau Blvd., Suite 001
Miami, Florida 33172

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Silvio G. Hidalgo
9517 Fontainebleau Blvd., Suite 001
Miami, Florida 33172



Signature/Incorporator

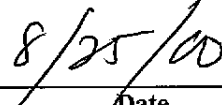


Date

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



Date