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TRANSMITTAL LETTER

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

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| • | | |
|--------------|--|---|
| | ReadySetLose, Inc | : |
| SUBJECT:(Pro | oposed corporate name - must include suffix) | |
| | | |
| | | |
| | nd one (1) copy of the articles of incorporation and a check | |
| for: | ☐ \$78.75 | : |
| | | |
| FROM: | Lawrence G. Conte | _ |
| FHOW. | Name (printed or typed) | |
| | 195 S. Westmonte Dr Suite C | |
| | Address | |
| | Altamonte Springs, FL 32714 | |
| | City, State & Zip | |
| | 407-862-1970 | |
| | Dougime Telephone number | |

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



ARTICLES OF INCORPORATION

OF

ReadySetLose, Inc



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

ARTICLE I NAME

The name of the corporation shall be:

ReadySetLose, Inc =

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
195 S. Westmonte Dr. Suite C
Altamonte Springs, FL 32714

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lawrence G. Conte 195 S. Westmonte Dr. Suite C Altamonte Springs, FL 32714

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lawrence G. Conte 195 S. Westmonte Dr Suite C Altamonte Springs, FL 32714

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31st day of August 2000.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1 | The name of the corporation is: | ReadySetLose, Inc | |
|----|---------------------------------|---------------------------------------|--|
| 1. | The name of the corp. | | |
| | | | - |
| | _ | | |
| , | | · · · · · · · · · · · · · · · · · · · | |
| 2. | The name and address of the reg | gistered agent and office is: | |
| | | TAS 00 | · <u>-</u> |
| | Lawrenc | ce G. Conte | |
| | | (Name) | |
| | 195 S. Westmonte D | or. Suite C | |
| | (P.O |). Box not acceptable) | The state of the s |
| | Altamonte Springs, | , FL 32714 95 5 | ا حسيد ، |
| | | (City/State/Zip) | |
| | | | |

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)