6RAGE (TE) 47390 Department of State 200004089 **Division of Corporations** ---003 1 04/30/01--01014 P. O. Box 6327 \*\*\*\*78.75 \*\*\*\*78.75 Tallahassee, FL 32314 SUBJECT: (PROPOSE MUS **ORPORATE NAME** Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$70.00 S**78.75 \$78.75 **\$87.50** 01 MAY - 4 PH 12: 32 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of 파 Status ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed) Address 01 State & Zip Daytime Telephone number F. OHESSER MAY 1 1 2001 NOTE: Please provide the original and one copy of the articles. je Let g 6 B

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	··· <u>-</u>
ARTICLE I NAME The name of the corporation shall be: PILATES Phys	ique, Inc.
<u>ARTICLE II PRINCIPAL OFFICE</u> The principal place of business/mailing address is: 6341St St Putters	Are S. sburg, PL
ARTICLE III PURPOSE 33701 The purpose for which the corporation is organized is: Pi (ateo Studio)	
ARTICLE IV SHARES The number of shares of stock is:	
<u>ARTICLE V INITIAL OFFICERS DIRECTORS (optional)</u> The name(s) and address(es):	<b>FILED</b> AY -4 PH 12: 32 AHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> of the registered agent is: MICHELE MOOLY STATES ARTICLE VII INCORPORATOR	Stlete, FL - 33701
The <u>name and address</u> of the Incorporator is: Michelle MOODY 624157 Ave S.	Stlete 33701
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	
Signature/Registered Agent	$\frac{1}{Date} \frac{a}{0}$
Signature/Incorporator	$\frac{4(a(0 0))}{Date}$