

PO1600116353

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

DATE  
12/07/01

000004713700--5  
-12/07/01--01018--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Re: Doc's Muscle Shop, Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

  
(Individual's Name)  
Michael R. Dockery

FILED  
01 DEC -7 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Doc's Muscle Shop, Inc.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

P.O. Box 160

Ocala, FL 34478

PHONE

(352) 622-2225

Area Code

Number

Ext.

SMITH DEC 07 2001



# ARTICLES OF INCORPORATION

of

Doc's Muscle Shop, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Doc's Muscle Shop, Inc.

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01 DEC -7 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
7874 S. Pine Avenue			
CITY	Ocala	FLORIDA	ZIP 34480

Mailing address, if different

STREET ADDRESS			
P.O. Box 160			
CITY	Ocala	FLORIDA	ZIP 34478

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Michael R. Dockery		
ADDRESS	7874 S. Pine Avenue		
CITY	Ocala	FLORIDA	ZIP 34480

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

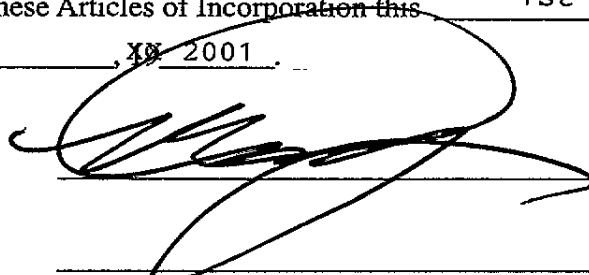
NAME	Michael R. Dockery		
ADDRESS	7874 S. Pine Avenue		
CITY	Ocala	STATE	Florida
		ZIP	34480
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Michael R. Dockery		
ADDRESS	7874 S. Pine Avenue		
CITY	Ocala	STATE	Florida
		ZIP	34480
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 1st day of December, 10 2001.

  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

FILED  
01 DEC -7 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Doc's Muscle Shop, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office  
as indicated in the Articles of Incorporation  
at 7874 S. Pine Avenue

Ocala, FL 34480

has named Michael R. Dockery

located at the aforesaid address, as its registered agent to accept service of process within this  
state.

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 regis-  
tered 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)

12/01/01

(Date)