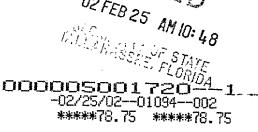
PO200031990

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

\$70.00



\$87.50

SUBJECT: FIT-4-LIFE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	SANDRA K. Name (Pr	HEBER rinted or typed)	
	3 VILANO CT Address		
	PAhm COAST City,	- ,	37
	386-441 Daytime Te	6-1760 elephone number	-

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

OB 2/27

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME	S. 190 - 3
The name of the corporation shall be:	02 500
FIT-4-LIFE, INC.	02 FEB 25
ARTICLE II PRINCIPAL OFFICE	in the state of th
The principal place of business/mailing address is:	
3 VILANO CT PALM COAST, FL 32137	

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SANDRA K. HEBER 3 Vilano CT Pain Coast, 31 32137

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JANDRA K. HEBER

3 Vilano QT

Palm Coast, JL 32/37 ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SANDRA K. HEBER. 3 Vilano CT Palm Coast, 21 32131

**************** 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

Signature/Incorporator