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TRANSMITTAL LETTER

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

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-07/08/02--01041--012
*****78.75 *****78.75

SUBJECT: L.A. Health and Fitness of Florida, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Luis Best
Name (Printed or typed)

4752 Sheridan Street
Address

Hollywood, Florida 33021
City, State & Zip

954-967-6677
Daytime Telephone number

FILED
02 JUL -8 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 2 11110

F. G. HESSER JUL 1. 0

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: L.A. Health and Fitness of Florida, Inc.

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TALLAHASSEE, FLORIDA
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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4752 Sheridan St.
Hollywood, FL. 33021

ARTICLE III SHARES

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

1,000 Shares Apar value of One dollar

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Luis Best
4752 Sheridan St.
Hollywood, Fl. 33021

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Luis Best
4752 Sheridan St.
Hollywood, Fl. 33021


Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

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