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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
THE CHARGE FOR THE USE

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TRANSMITTAL LETTER

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

SUBJECT: Dia	iling In, Inc.		
Enclosed are an orig	(PROPOSED CORPORA	icles of incorporation and	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Tracy Stape	(Printed or typed)	
	10728 Moss Island Dr.	Address	
	Riverview, FI 33569	, State & Zip	
	813-671-9110	Telephone number	
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Dialing In, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10728 Moss Island Dr. Riverview, FI 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the business of health, nutrition and physical fitness programs; (2) To engage in any other trade or business which can, in the opinion of the board of directors, be advantageously carried on in connection with or auxiliary to the foregoing business.

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):

Director / President: Jose Angel Perea Director / Vice-President: Tracy Ann Stape

ARTICLE VI REGISTERED AGENT

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

Tracy Ann Stape 10728 Moss Island Dr. Riverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy Ann Stape 10728 Moss Island Dr. Riverview, FL 33569

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

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SECRETARY OF STATE