

PO3000003460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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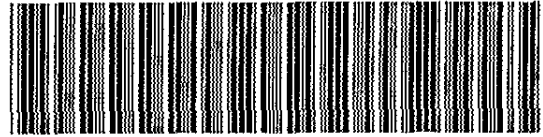
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/10/03

TRANSMITTAL LETTER

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

SUBJECT: Ultimate - U, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan D. Doyle
Name (Printed or typed)

4864 Cypress Woods Dr. #204
Address

Orlando, FL 32811
City, State & Zip

407-540-1572
Daytime Telephone number

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: *Ultimate - U, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *4864 Cypress Woods Dr. #204,
Orlando, FL 32811*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *To provide personal training
and counseling to individuals and organizations.*

ARTICLE IV SHARES

The number of shares of stock is: *100 shares*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): *J.D. Doyle, President
4864 Cypress Woods Dr. #204
Orlando, FL 32811*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: *Jonathan D. Doyle
4864 Cypress Woods Dr. #204
Orlando, FL 32811*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Jonathan D. Doyle
4864 Cypress Woods Dr. #204
Orlando, FL 32811*

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

Jonathan D. Doyle

Signature/Registered Agent

1/6/2003

Date

Jonathan D. Doyle

Signature/Incorporator

1/6/2003

Date

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TALLAHASSEE, FLORIDA