

P03000075318

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

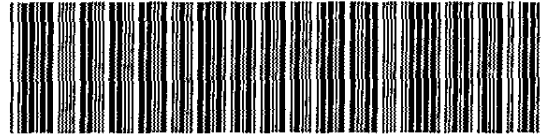
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19/0

TRANSMITTAL LETTER

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

SUBJECT: Signature Fitness  
(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: Jack Lima  
Name (Printed or typed)

1525 Eagle Nest Circle  
Address

Winter Springs, FL 32708  
City, State & Zip

407-468-9515  
Daytime Telephone number

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

Jack Lima GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Name  
DATE 7-9-03  
DOC. EXAM JSQ

# 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:

SIGNATURE FITNESS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1665 E.E Williamson Rd  
Longwood, Florida 32779

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

health club

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Debbie Lima  
1525 Eagle Nest Circle  
Winter Springs, FL 32708 (Vice president)

## ARTICLE VI REGISTERED AGENT

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

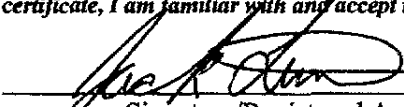
Jack Lima  
1525 Eagle Nest Circle  
Winter Springs, FL 32708

## ARTICLE VII INCORPORATOR

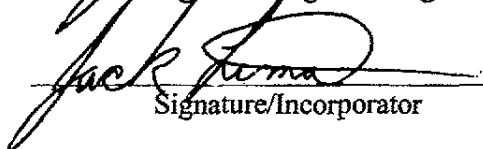
The name and address of the Incorporator is:

Jack Lima  
1525 Eagle Nest Circle  
Winter Springs, FL 32708

\*\*\*\*\*  
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

6/26/03  
Date

  
Signature/Incorporator

6/26/03  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA