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V		
(Re	equestor's Name)	
(Ad	(dress)	
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(Cit	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	7
	Office Use On	ly



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07/07/03--01037--013 **78.75

TRANSMITTAL LETTER

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

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

S70.00 X \$78.75 S87.50
Filing Fee Filing Fee Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: HYSIQUES BY TIME,
Name (Printed or typed)

3/22 VICTORY PALM DRIVE

EDGEWATER, F. 32/4/
City, State & Zip

386 - 299 - 9383

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	03 JUL -7 PM 9: 15
The name of the corporation shall be: PHYSIQUES BY PT, INC.	SEURER OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3122 Victory Polm Drive Edgewater Fl 32141 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: TO PROVIDE HEALTH & FITNESS PR	OGRAMS
ARTICLE IV SHARES The number of shares of stock is: 1000. SHARES	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): PATRICIA A. TREMBLAY, PRESIDENT 3122 VICTORY PALM DRIVE EDGEWATER, FL 32141	
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to a service of process for the above stated co	
Signature/Registered Agent Signature/Incorporator	Date 7-/-03 Date