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(Red	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Pro	siness Entity Nan	201
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE
TAIL AMASSEE, FLORIDA

n/8/2/2

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
\$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 PY REQUIRED	
FROM:	Joseph (Name (DONZALEZ Printed or typed)		
	18246 5W 296 57 Address			
	Homestea City,	CP PC 35 State & Zip	3031	
	(786) 295 Daytime To	7-1480 elephone 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 Performance Fitness Plus, Inc The name of the corporation shall be: 18246 SW 295 St. Homestead Pl 33030 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: a stoftlakk business of fluoring ARTICLE IV SHARES The number of shares of stock is: JOSEPH GONZALEZ FESTATE 18246 SW 295 St BATTER HOMEStead PL 33030 INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT Weth B. Valdes 29395 Sw 193 CK Homes lead PC 3303, The <u>name and Florida street address</u> of the registered agent is: ARTICLE VII INCORPORATOR Vete & Valdes 29395 SW 193 Ct Homastea O, FC 33030 The <u>name and address</u> of the Incorporator is: 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

Signature/Incorporator