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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

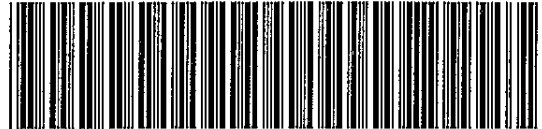
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/03--01056--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP -8 PM 2:39

FILED

TRANSMITTAL LETTER

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

SUBJECT: Shape Up Sisters, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: John C. Crowley

Name (Printed or typed)

465 MacKenzie Circle

Address

St. Augustine, FL 32092

City, State & Zip

904-940-1525

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:

Shape Up Sisters, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

World Golf Village
Town Center West, Suite 116
St. Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Franchise Sales, namely providing 30-minute express workouts for women.

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John C. Crowley, President

ARTICLE VI REGISTERED AGENT

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

David S. Wainer, III Esquire
1200 Riverplace Blvd.
Suite 600
Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John C. Crowley
465 MacKenzie Circle
St. Augustine, FL 32092

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

9-4-03
Date


Signature/Incorporator

9-5-03
Date

FILED
03 SEP -8 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA