P03000134290

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Openial insurance to 1 ming officer.			





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TRANSMITTAL LETTER

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

CUD MICTE.	Healthybodies Fitness, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
SUBJECT:				
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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	
		ADDITIONAL CO	Status PPY REQUIRED	
FROM:	Lisa m. Quen	cioli		
Name (Printed or typed) 14861 SE 25 Ave. Address				
352, 245, 2397				

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621,	F.S. (Profit)
ARTICLE I NAME	FILED
The name of the corporation shall be:	ри 1:19
Healthybodies Fitness, Inc.	3 NOV 10 PH 1: 19
r locality bodies / lareses, and	SECTION OF STATE TALLAH SSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	TALLAMASSE
The principal place of business/mailing address is: (U \$61 5E 25th Avc.	
Summerfield FL 34491	
ARTICLE III PURPOSE	
	s: , t do to lot
To educate, facilitate and	promote healthy lifestyle and nutrition programs.
habits-through exercise of	and nutrition programs.
MICHODS IV DIMERS	
The number of shares of stock is:	
1 Share	
ARTICLE V INITIAL OFFICERS AND/OF List name(s), address(es) and specific title(s):	
Lica Quescioli Vie President	14861 St 25 Are
Lisa Quercioli, VICE President Patrick Quercioli, President	Summerfield FL 34491
Full Care is in the	·
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registere	ed agent is:
Jusam. Queraoli	
Summerfield PL 34491	• • • • • • • • • • • • • • • • • • •
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
LISA M. Quercioli	
14801 SEZSAVE	
**************************************	***************
Having been named as registered agent to accept service of pre- certificate. I am familiar with and accept the appointment as reg	ocess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
al or an Quercial	10.21 02
Signstyra/Decistand A cont	
Signature/Registered Agent	Date
Sham Shewell	10.31.03
Signature/Incorporator	Date