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TRANSMITTAL LETTER

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

Subject

My Fit Friend inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

☐ \$70.00 Filing Fee

\$78.75 Filing Fee

& Certified Copy

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF My Fit Friend inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I

NAME The name of the Corporation shall be: My Fit Friend inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

· · · · · ·			음목	~
526 NW Waverly Circle			711	
Port Saint Lucie, Florida	34983		53	<u></u>
ARTICLE III SHAR	F.C			رب
The number of shares that this co		hove outstanding at any or	12-1. 20 timo in 150	ىن مىر
\$0.01 par value per share.	Tporation is authorized to	nave outstanding at any or	te time is. 150	,0 a
	L DIRECTORS			
The name(s) and address(s) of the	e initial Director(s) is/are:			
Kurt G. Lehmann				
526 NW Waverly Circle				
Port Saint Lucie, Florida	34983			
ARTICLE V INITIA	L REGISTERED AC	<u>GENT AND STREET.</u>	<u>ADDRESS</u>	1
The name and Florida street addr	ess of the initial registered	dagent is:		
Kurt G. Lehmann				
526 NW Waverly Circle				
Port Saint Lucie, Florida	34983			
ARTICLE VI INCOL	$D \cap D \setminus T \cap D$			
The name and address of the inco	RPORATOR	of Incorporation is:		
The name and address of the med	aporator to titese Articles	of mediporation is.		
Nellie Akalp				
30141 Agoura Rd., Suite				
Agoura Hills, California	91 ³⁰¹			
numa		1.21.04		
Nellie Akalp, Incorp	orator	Date		
Having been named as registered as	ent and to accept service of	process for the above stated of	corporation at t	the
place designated in this certificate.	hereby accept the appointm	ent as registered agent and a	gree to act in th	his
capacity. I further agree to comply v performance of my duties, and Vam	ntn the provisions of all stat familiar with and accept the	utes relating to the proper an obligations of my position as	a complete registered age	ent.
	•	1/21/01	•	
Kurt Lehmann Regist	arad A cant	724/ <u>4</u> 24	·	
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