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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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4-2-15

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32315

SUBJECT: TOTAL FITNESS FOR WOMEN, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles 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  
Status

ADDITIONAL COPY REQUIRED

FROM: Carla Miller  
Name (Printed or typed)  
17861 Wells Road  
Address  
North Fort Myers, Florida, 33917  
City, State & Zip  
239-731-7635  
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

**TOTAL FITNESS FOR WOMEN, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**17861 Wells Road; North Fort Myers, Florida, 33917**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.**

ARTICLE IV SHARES

The number of shares of stock is:

**One Hundred (100) valued at \$1.00 per share**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**Carla Miller  
17861 Wells Road  
North Fort Myers, Florida, 33917**

**Janie Rebecca Chastain  
17861 Wells Road  
North Fort Myers, Florida, 33917**

ARTICLE VI REGISTERED AGENT

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

**Carla Miller  
17861 Wells Road  
North Fort Myers, Florida, 33917**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Carla Miller  
17861 Wells Road  
North Fort Myers, Florida, 33917**

\*\*\*\*\*

*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*

Carla Miller

Signature/Registered Agent

3/3/04

Date

Carla Miller

Signature/Incorporator

3/3/04

Date

FILED  
04 MAR - 8 PM 4:13  
SECRETARY OF STATE  
TALLahassee, FL 32310