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TRANSMITTAL LETTER

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

U.

SUBJECT: AB-S	SALUTE FITNESS OF SO. FL., INC.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	final and one (1) copy of the art	ticles 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	
		ADDITIONAL CO	& Certificate of Status	
FROM: Ti	ROY ECKONEN	<u></u> .		
	Nam	e (Printed or typed)	 	
	930 E SAMPLE ROAD		÷	
·		Address		
	POMPANO BEACH, FL 3			
;	City	, State & Zip		
	954 942-0011			
	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: AB-SALUTE FITNESS OF SO. FL., INC. 04 AUG -6 AMII: 46

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 930 E SAMPLE ROAD POMPANO BEACH, FL 33064

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: PHYSICAL FITNESS CENTER

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): TROY ECKONEN. PRESIDENT - SECRETARY 930 E SAMPLE ROAD POMPANO BEACH, FL 33064

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: TROY ECKONEN 930 E SAMPLE ROAD POMPANO BEACH, FL 33064

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

TROY ECKONEN 930 E SAMPLE ROAD POMPANO BEACH, FL 33064

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

eistered Agent Signature/R

Signature/Incomporator

8-2:04 Date