

PO4000156756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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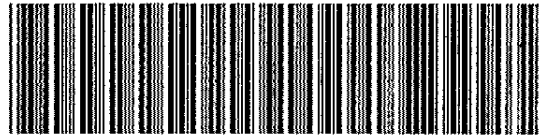
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

js

11-16

TRANSMITTAL LETTER

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

SUBJECT: fitchicks, 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  
Filing Fee

<sup>cc.</sup>  
☒ \$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: Carolyn Crawford  
Name (Printed or typed)  
612 SW Abode Av  
Address  
Port Saint Lucie, FL 34953  
City, State & Zip  
772-215-9677  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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: fitchicks, inc.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is: 612 SW Abode Av.  
Port Saint Lucie, FL 34953

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
personal fitness training (merchandising)

**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):  
Carolyn Crawford, 612 SW Abode Av, President  
Port Saint Lucie, FL  
34953

**ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carolyn Crawford  
612 SW Abode Av, Port Saint Lucie, FL, 34953

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Carolyn Crawford  
612 SW Abode Av, Port Saint Lucie, FL 34953

\*\*\*\*\*

*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*

Carolyn Crawford

Signature/Registered Agent

11-10-2004

Date

Carolyn Crawford

Signature/Incorporator

11-10-2004

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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