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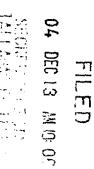
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### TRANSMITTAL LETTER

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

SUBJECT:ONE	ON ONE FITNESS (PROPOSED CORPORA)	4 LIFE, CORPL	PRATION	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les 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:	CLARA IRURITA	<del>]</del>		
Name (Printed or typed)				
8700 SW 133 AVC. #210				
	Miami, City,	tLorida 3318 State & Zip	33	
		03-0435		
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:

ONE ON ONE FITNESS 4 LIFE, Inc.

#### ARTICLE II \_ PRINCIPAL OFFICE

The principal place of business/mailing address is:

8700 SW 133 AVE. APT. 210 MIAMI, FLORIDA 33183

#### ARTICLE III PURPOSE

The purpose for wich the corporation is organized is:

Physical fitness, personal trainer for aerobics, weight, primary group excersice, kick boxing and all related issues.

#### ARTICLE IV SHARES

The number of shares of stock is:

100 (ONE HUNDRED ONLY)

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CLARA P. IRURITA President

60 shares

8700 SW 133 Ave. #210

Miami, Florida 33183

DANIEL ESPINOSA Secretary

40 shares

3941 SW 138 Court Miami, Florida 33175

#### ARTICLE VI REGISTERED AGENT

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

CLARA P. IRURITA 8700 SW 133 Ave. #210 Miami, Florida 33183

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLARA P. IRURITA 8700 SW 133 Ave. #210 Miami, Florida 33183

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 appoinment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

11-30-2004 Date

#### STATE OF FLORIDA COUNTY OF MIAMI-DADE

Before me, the undersigned authority, personally appeared Clara P. Irurita

To me known or produced I.D., to be the person described as the Resident Agent and
Initial Registered Agent, as set forth in these Articles of proporation.

Signature

Sworn to and subscribed before me, on this 29th days of November 2004

Type of I.D. produced: Florida Driver License

Notary Public

State of Florida at Larg

My commission expires: &

MY COMMISSION # DD312992
EXPIRES: May 06, 2008

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the Corporation is: ONE ON ONE FITNESS 4 LIFE, INC.
- 2. The name and address of the registered agent and office is: CLARA P. IRURITA

8700 SW 133 AVE. APT. 210 MIAMI, FLORIDA 33183

SIGNATURE:

TITLE: PRESIDENT

DATE: 11/29/2004

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE: 11/29/2004