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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Pam Nobles Fitness, 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

☐ \$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: Pamela G. Nobles  
Name (Printed or typed)

127 Hickory Dip  
Address

EASTPOINT, FL 32328  
City, State & Zip

(850) 653-8078  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

**OF**

**PAM NOBLES FITNESS, INC.**

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2005 APR 14 P 1:22

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation for Each Corporation  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of this corporation shall be:

**Pam Nobles Fitness, Inc.**

**ARTICLE II**

The Principal place of business address is:

**86 Market Street,**

**Apalachicola, FL 32320**

The mailing address of the corporation is:

**Post Office Box 313,**

**Apalachicola, Florida 32329**

**ARTICLE III**

This corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE IV**

The number of shares of stock is: 100

**ARTICLE V**

Initial Officers and/or Director(s) names, addresses, and titles are:

Pamela G. Nobles	127 Hickory Dip	Eastpoint, FL 32328	P
Thomas E. Nobles	127 Hickory Dip	Eastpoint, FL 32328	D

**ARTICLE VI**

The name and address of the registered agent is:

Pamela G. Nobles    127 Hickory Dip    Eastpoint, FL 32328

I certify that I am familiar with and accept the responsibilities of registered agent.

Pamela G. Nobles *P/GN*

*3/25/05*

Registered Agent Signature

(printed)

Date

**ARTICLE VII**

The name and address of the incorporator is:

Pamela G. Nobles    127 Hickory Dip    Eastpoint, FL 32328

I certify that I am familiar with and accept the responsibilities of registered agent.

Pamela G. Nobles *P/GN*

*3/25/05*

Incorporator's Signature

(printed)

Date

\*\*\*\*\*

*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.*

*Pamela G. Nobles*  
Signature/Registered Agent

*3/25/05*

Date:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 APR 14 P 1:22

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