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SECRETARY CT STATE
SECRETARY CT STATE

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### TRANSMITTAL LETTER

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

SUBJECT: S&PV	VOLF, INC.		
<del></del>	(PROPOSED CORPORA	te name – <u>Must incl</u>	udasuaaix)
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00	<b>№</b> \$78.75	<b>□</b> \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i iiiig i oo	& Certificate of Status	& Certified Copy	Certified Copy
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		ADDITIONAL CO	
EDOM Sa	rah Ann Wolf		
FROM: Ga	Name	(Printed or typed)	- 2
		( · · · · · · · · · · · · · · · · · · ·	
	2759 Hollybay Road		
,		Address	
	Orange Park, FI 32073		
		State & Zip	<del></del> `
	• .	•	
	904-375-0960		
		elephone number	

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

AND FILED

# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621. F.S.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

05 MAY -3 PM 2: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

S&P Wolf, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2759 Hollybay Road
Orange Park, FL 32073

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Own and operate franchised health club.

#### ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sarah Ann Wolf, President/Secretary 2759 Hollybay Road Orange Park, FL 32073

#### ARTICLE VI REGISTERED AGENT

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

Sarah Ann Wolf, President/Secretary 2759 Hollybay Road Orange Park, FL 32073

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sarah Ann Wolf, President/Secretary 2759 Hollybay Road Orange Park, FL 32073

Orange Park, FL 320/3	
*****************	***********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent	e above stated corporation at the place designated in this at and agree to act in this capacity
ATTO OLIVA	4/29/05
Signature/Registered Agent	Date
GOTA WWY I	4/29/05
Signature/Incorporator	Date