

P05000068318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles (Shares)
DATE 5-10-05
DOO EXAM T3

Office Use Only



400051801184

04/25/05--01077--005 **78.75

FILED

05 APR 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 Burch MAY 10 2005

TRANSMITTAL LETTER

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

SUBJECT: Complete Fitness & Health Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Nicholas DiLucente
Name (Printed or typed)

1007 N Federal Hwy #209
Address

Fort Lauderdale FL 33304
City, State & Zip

954.568.9688
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 28, 2005

NICHOLAS DILUCENTE
1007 N FEDERAL HWY STE 209
FORT LAUDERDALE, FL 33304

SUBJECT: COMPLETE HEALTH & FITNESS INC.
Ref. Number: W05000021392

We have received your document for COMPLETE HEALTH & FITNESS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please complete Article(s) I thru VII.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 005A00029583

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:

Complete Fitness & Health Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1007 N Federal Hwy #209
Fort Lauderdale FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fitness & Health Training

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):

Nicholas DiLucente, President
1007 N Federal Hwy #209
Fort Lauderdale FL 33304

ARTICLE VI REGISTERED AGENT

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

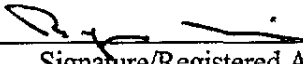
Ryan Miles
1007 N Federal Hwy #209
Fort Lauderdale FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicholas DiLucente
1007 N Federal Hwy #209
Fort Lauderdale FL 33304

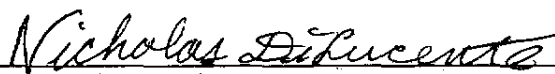
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04-18-05

Date



Signature/Incorporator

04-18-05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA