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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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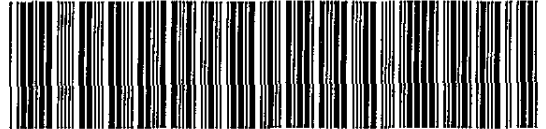
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Long Ball Golf 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: Carolyn W. Arnold
Name (Printed or typed)

4928 Hickory Shores Blvd
Address

Gulf Breeze, FL 32563
City, State & Zip

850-932-0418 or 850-313-9178
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:

Long Ball Golf Fitness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4928 Hickory Shores Blvd
Gulf Breeze, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide physical therapy and fitness services and
related equipment and/or facilities.

ARTICLE IV SHARES

The number of shares of stock is:

Twenty (20)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carolyn W. Arnold, President and Secretary
4928 Hickory Shores Blvd, Gulf Breeze FL 32563
Cecil Duaine Arnold Jr., Vice President, Director
4928 Hickory Shores Blvd, Gulf Breeze FL 32563

ARTICLE VI REGISTERED AGENT

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

Carolyn W. Arnold
4928 Hickory Shores Blvd. Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carolyn W. Arnold
4928 Hickory Shores Blvd. Gulf Breeze, FL 32563

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 W. Arnold
Signature/Registered Agent
Carolyn W. Arnold
Signature/Incorporator

11/28/05
Date
11/28/05
Date

FILED
05 NOV 30 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA