

FD6000031088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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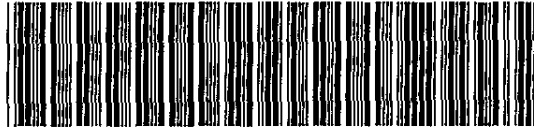
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/2

ORIGINAL
TRANSMITTAL LETTER

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

SUBJECT: KWAR HEALTH & FITNESS CENTER, INC.
(Proposed Corporation name-must include suffix)

Enclosed is an original and one (1) copy of 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**

From: Brenda Hickman
(Name-Printed or Typed)

318 Seminole Court
(Address)

Pahokee, FL 33476
(City, State, Zip)

(561) 924-2422
(Daytime Telephone Number)

NOTE: PLEASE PROVIDE ONE (1) COPY AND ONE (1) ORIGINAL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VIII-Amendment

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholder is subject to this reservation.

Owner's Name: Brenda Hickman
Brenda Hickman

Date: 2/27/06

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

Brenda Hickman
Signature/Registered Agent

2/27/06
Date

Brenda Hickman
Signature/Incorporator

2/27/06
Date