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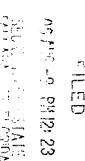
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Certified Copies	_ Certificates	of Status
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COVER LETTER

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

SUBJECT:	Synergist M. (PROPOSED CORPORA)	Aster Fit, I	NC.		
	7 (PROPOSED CORPORA)	TE NAME – <u>MUSTINCLI</u>	<u>UDE SUFFIX</u>)	, -	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	.	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Sonia M. F.		5	m de les les secs	
608 Villa Circle Address					
Boynton Beach FL 33435 City, State & Zip					
305-336-1616 Cell. 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:

Synergist Master Fit, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:
608 Villa Circle, Boynton Beach FL 33435

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

General Business - Fitness AREA

ARTICLE IV

The number of shares of stock is:

100 (ONE HUNDRED)

INITIAL OFFICERS AND/OR DIRECTORS

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

SONIA M. FIGUEROA - PRESIDENT 608 Villa Ciacle Boynton Beach FL 33435

REGISTERED AGENT

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

SONIA M. FIGUEROA-RIOS 608 VILLA CIRCLE BOYNTON BEACH FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SONIA M. FIGUEROA-RIOS 408 VIlla Circle Bounton Beach Fl 33435

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

urc/Registered Agent

Signature/Incorporator