

PO6000113795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

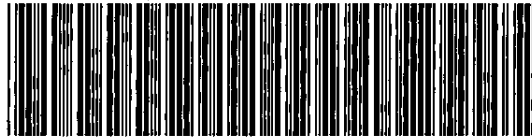
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Pilates Room Co.

(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: Liza Carmona and Michele LaVire

Name (Printed or typed)

8958 Carlyle Ave.

Address

Surfside, FL 33154

City, State & Zip

Liza (305)401-4095 or Michele (248)910-1262

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:
The Pilates Room Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
8958 Carlyle Ave., Surfside, FL, 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any purpose for which a corporation may be formed under the laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,000 shares (500 shares for Michele LaVire; 500 shares for Liza Carmona)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Michele LaVire, 1000 Scotia Dr. #408, Lantana, FL 33462, Director
Liza Carmona, 8958 Carlyle Ave., Surfside, FL 33154, Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Liza Carmona, 8958 Carlyle Ave., Surfside, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Liza Carmona, 8958 Carlyle Ave., Surfside, FL 33154
Michele LaVire, 1000 Scotia Dr. #408, Lantana, FL 33462

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

LIZA CARMONA

8/28/06

Date

Signature/Incorporator

Liza CARMONA

MICHELE LaVire

8/28/06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA