

P06000 152904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700082025857

12/12/06--01027--012 **78.75

FILED

06 DEC 12 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 DEC 12 AM 11:45

NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

[Handwritten Signature]
12/13

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Fit 4-Life Personal
Training + Physical
Therapy, Inc.*

Signature _____

Requested by: *WL*

Name _____

Date *12/12*

Time *11:00*

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

ARTICLES OF INCORPORATION
OF
FIT -4-LIFE PERSONAL TRAINING & PHYSICAL THERAPY, INC.

FILED
06 DEC 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be: Fit-4-Life Personal Training & Physical Therapy, Inc.

ARTICLE II: PURPOSE

This corporation is being organized for the purpose of engaging in the transaction of any and all business activity permitted under the laws of Florida and the United States of America.

ARTICLE III: PRINCIPAL PLACE OF BUSINESS

The principal place of business of the corporation shall be: 17419 Bridge Hill Court, Suite 1, Tampa, Florida 33647.

ARTICLE IV: SHARES

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: Five Hundred (500), with a par value of \$1.00 per share of common stock.

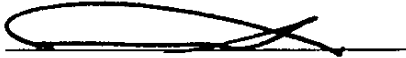
ARTICLE V: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is: John P. Perrin, Esq., whose registered office is located at: 2401 West Bay Drive, Suite 424, Largo, Florida 33770.

ARTICLE VI: INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Travis A. Monday, 17419 Bridge Hill Court, Suite 1, Tampa, Florida 33647.

The undersigned incorporator has executed these Articles of Incorporation this 20 day of November, 2006.


Travis A. Monday, Incorporator

**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to Florida Law, the below-named Corporation organized under the laws of the State of Florida submits the following statement in designating the registered agent/office, in the State of Florida.

1. The name of the corporation is: **Fit-4-Life Personal Training & Physical Therapy, Inc.**
2. The name and address of the initial registered agent and registered office is:

Name: John P. Perrin, Esq.

Address: 2401 West Bay Drive, Suite 424, Largo, Florida 33770.

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE OF REGISTERED AGENT



John P. Perrin, Esq.

DATE: November 20, 2006

FILED
06 DEC 12 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA