

P07000038975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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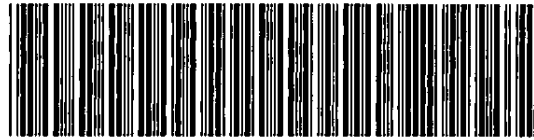
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA

## COVER LETTER

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

SUBJECT: Coral Gables Personal Training Studio

(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: Marco Lastres

Name (Printed or typed)

1919 Ponce De Leon

Address

Coral Gables, Florida 33134

City, State & Zip

305-448-4545

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2007

MARCO LASTRES  
1919 PONCE DE LEON  
CORAL GABLES, FL 33134

SUBJECT: CORAL GABLES PERSONAL TRAINING STUDIO  
Ref. Number: W07000013346

We have received your document for CORAL GABLES PERSONAL TRAINING STUDIO and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 207A00018887

# 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:

Coral Gables Personal Training Studio **INC.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1919 Ponce De Leon  
Coral Gables, Florida 33134

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A place to provide personal training.

## **ARTICLE IV SHARES**

The number of shares of stock is: **50**

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

## **ARTICLE VI REGISTERED AGENT**

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

Grace Alvero  
480 West 41 Place  
Hialeah, Florida 33012

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Marco Lastres  
1919 Ponce De Leon  
Coral Gables, Florida 33134

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA