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SECKETARY OF STATE
TALLAHASSEE, FI OPING.

# **COVER LETTER**

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

SUBJECT: Pondz Family Fitness and Learning Center				
Enclosed are an orig	(PROPOSED CORPORA) ginal and one (1) copy of the artic	TE NAME - MUST INCLU		
\$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:	James Ponds Name	(Printed or typed)		
	5898 Toucan Place	Address		
Clearwater, FL 33760 City, State & Zip				

727-536-3959

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

Daytime Telephone number

## 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:

Pondz Family Fitness and Learning Center, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3665 East Bay Drive, Suite 220, Largo, FL 33771

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

### ARTICLE IV SHARES

The number of shares of stock is:

100

### INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

James Ponds, Chief Executive Officer

Alicia Ponds, President

### ARTICLE VI REGISTERED AGENT

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

James Ponds, 5898 Toucan Place, Clearwater, FL 33760

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Ponds, 5898 Toucan Place, Clearwater, FL 33760

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

gnature/Incorporatoi