

PO7000078709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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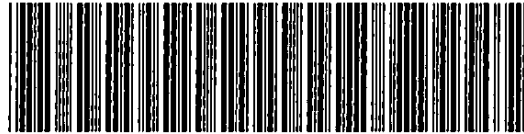
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/09/07--01037--007 **78.75

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07 JUL -9 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Alpha Fitness of St. Augustine Inc.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Philip and Kathy Cochran
Name (Printed or typed)

1936 US 1 South
Address

St. Augustine, Fl. 32086-0000
City, State & Zip

904-824-3032
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:

Alpha Fitness of St. Augustine Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1936 US 1 South
St. Augustine, Fl. 32086-0000

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fitness Center

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Philip Cochran: President, Secretary
Kathy Cochran: Vice President, Treasurer

ARTICLE VI REGISTERED AGENT

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

Kathy Cochran
4902 Shore Drive
St. Augustine, Fl 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathy Cochran
4902 Shore Drive
St. Augustine, Fl 32086

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

Kathy Cochran
Signature/Registered Agent

Kathy Cochran
Signature/Incorporator

7-3-07

Date

7-3-07

Date

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