

PO7000117917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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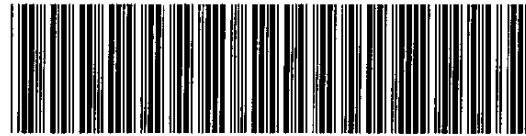
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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07 OCT 29 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight OCT 29 2007

**COVER LETTER**

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

SUBJECT: SOUTH FLORIDA SNAP FITNESS, 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ROBERT S. URA  
Name (Printed or typed)

5763 LONG BRAKE CIRCLE  
Address

EDINA, MN 55439  
City, State & Zip

612-382-4660  
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:

**SOUTH FLORIDA SNAP FITNESS, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**5763 LONG BRAKE CIRCLE, EDINA, MN.  
55439**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**HEALTH CLUB**

### 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):

**ROBERT S. URA, PRESIDENT  
5763 LONG BRAKE CIRCLE  
EDINA, MN 55439**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

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

**WALTON CHILDS  
115 WATERS EDGE  
JUPITER, FL 33477**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**ROBERT URA  
5763 LONG BRAKE CIRCLE  
EDINA, MN 55439**

\*\*\*\*\*

*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*

Walton Childs

Signature/Registered Agent

10/25/07

Date

Robert Ura

Signature/Incorporator

10/24/07

Date

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA