

PO7000134937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

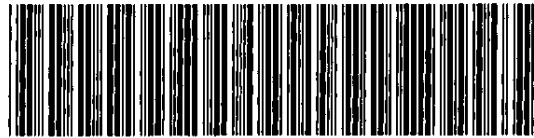
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/27/07

## COVER LETTER

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

**SUBJECT:** NATIONAL PERSONAL TRAINING INSTITUTE OF FORT LAUDERDALE, 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:** LOUIS J MONACELLO JR  
Name (Printed or typed)

3152 S 18TH STREET  
Address

PHILADELPHIA, PA 1945  
City, State & Zip

215-416-5248  
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:

NATIONAL PERSONAL TRAINING INSTITUTE OF FORT LAUDERDALE, INC.

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3152 S 18TH STREET

PHILADELPHIA, PA 19145

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

EDUCATIONAL TRADE SCHOOL-PERSONAL TRAINERS

### **ARTICLE IV    SHARES**

The number of shares of stock is:

1000

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

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

LOUIS MONACELLO, PRESIDENT

3152 S 18TH STREET

PHILADELPHIA, PA 19145

LISA ARLIRA, VICE PRESIDENT

2929 S JUNIPER STREET

PHILADELPHIA, PA 19148

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

LOUIS MONACELLO  
2631 NE 14TH AVENUE  
APT 202  
OKLAND PARK, FL 33334

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID BLACK  
88 JASEN DRIVE  
CHALFONT, PA 18914

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TALLAHASSEE, FLORIDA

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*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*

*Louis D. Monacello Jr*  
\_\_\_\_\_  
Signature Registered Agent

*12/19/07*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*12/19/07*  
\_\_\_\_\_  
Date