

PD8000001601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

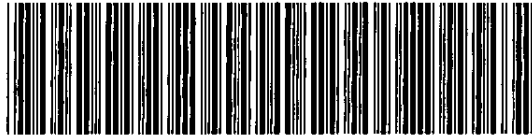
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/04/08--01004--014 **78.75

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2008 JAN -4 A 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Paul
1-8-08

COVER LETTER

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

SUBJECT: GOLF FITNESS SOLUTIONS, 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: MARK MEGLER CPA

Name (Printed or typed)

159-2 HAMPTON POINT DRIVE

Address

ST AUGUSTINE, FL 32092

City, State & Zip

904-230-4504

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:

GOLF FITNESS SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5515 HIDDEN RIDGE DRIVE

JACKSONVILLE, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NICHOLAS DEWIT

PRESIDENT

5515 HIDDEN RIDGE DRIVE

JACKSONVILLE, FL 32257

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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:

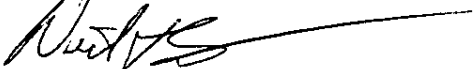
NICHOLAS DEWIT
5515 HIDDEN RIDGE DRIVE
JACKSONVILLE, FL 32257

ARTICLE VII INCORPORATOR

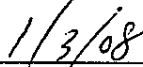
The name and address of the Incorporator is:

MARK MEGLER CPA
159-2 HAMPTON POINT DRIVE
ST AUGUSTINE, FL 32092

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



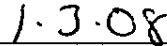
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA