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DETAILITE TO STATIONS
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# **LAZARUS**

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# CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
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NEW FILINGS	<u>AMENDMENTS</u>
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Domestication	Dissolution/Withdrawal
☐ Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
54	Reinstatement
	Trademark Other
	Examiner's Initials

### **ARTICLES OF INCORPORATION**

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THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF ASSEE, FLORIDA FORMING A
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION
ACT, HEREBY
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### **ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

I. S. I FITTUESS AND TRAINING, INC.

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

MIAMI, FL 33185

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

JUAN CARLOS PEREZ 15335 SW 54 TERRACE MIAMI, FL 33185

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

JUAN CARLOS PEREZ

15335 SW 54 TERRACE

MIAMI, FL

33185

RSIGNED INCORPORATOR HAS EX

THE UNDERSIGNED INCORPORATION THESE ARTICLES

26 OF INCORPORATION THIS 200 8

SIGNATURE

**ARTICLE VI - DIRECTOR(S)** 

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

JUAN CARLOS PEREZ - PRESIDENT

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

**OFFICE** 

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE