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# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : (80C)494-3124 Phone

: (561)455-9885 Fax Number

**ELORIDA PROFIT/NON PROFIT CORPORATION** 

THE PERFECT FIT PRO SHOP INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

: p.2 ---

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) LAHASSEE, FLORIDA,

### ARTICLE I NAME

The name of the corporation shall be:

THE PERFECT FIT PRO SHOP INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8200 W STATE ROAD 84 DAVIE, FLORIDA 33324

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)
The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR

**ASHLEY HUCKABY** 

8200 W STATE ROAD 84

DAVIE, FLORIDA 33324

DIRECTOR

ISAAC KING

8200 W STATE ROAD 84

DAVIE, FLORIDA 33324

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PAGE 2 THE PERFECT FIT PRO SHOP INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ASHLEY HUCKABY 8063 MIZNER LANE BOCA RATON, FLORIDA 33433

# ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

ASHLEY HUCKABY 8200 W STATE ROAD 84 DAVIE, FLORIDA 33324

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.

ASHLEY HUCKABY / Registered Agent

Date

ASHLEY HUCKABY Incorporator

Date

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