

P0800011602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

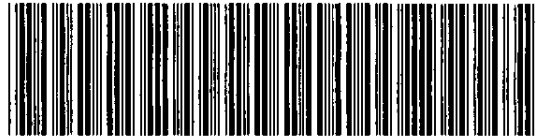
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200138700662

12/17/08--01013--002 **78.75

FILED

2008 DEC 29 P 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200138700662

COVER LETTER

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

SUBJECT: Your Best Fitness, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
2008 DEC 29 P 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Adrienne Harvey
Name (Printed or typed)

1225 Lake Shadow Circle, Apt. 14307
Address

Maitland, FL 32751
City, State & Zip

407-399-6025
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2008

ADRIENNE HARVEY
1225 LAKE SHADOW CIRCLE, APT. 14307
MAITLAND, FL 32751

SUBJECT: YOUR BEST FITNESS, INC.
Ref. Number: W08000056071

We have received your document for YOUR BEST FITNESS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 508A00060922

RECEIVED
DEPARTMENT OF STATE
08 DEC 29 PM 3:54

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:

Your Best Fitness, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1225 Lake Shadow Circle, Apt 14307
Maitland, FL 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide personal fitness training services

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):

Adrienne Harvey, President
1225 Lake Shadow Circle Apt. 14307
Maitland, FL 32751

ARTICLE VI REGISTERED AGENT

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

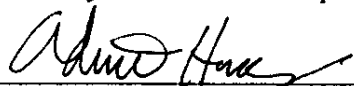
Adrienne Harvey
1225 Lake Shadow Circle, Apt. 14307
Maitland, FL 32751

ARTICLE VII INCORPORATOR

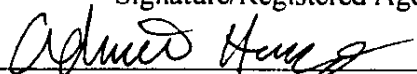
The name and address of the Incorporator is:

Adrienne Harvey
1225 Lake Shadow Circle, Apt. 14307
Maitland, FL 32751

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



Signature/Incorporator

2008 DEC 29 P 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12/15/2008

Date

12/15/2008

Date