

PO9000040005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

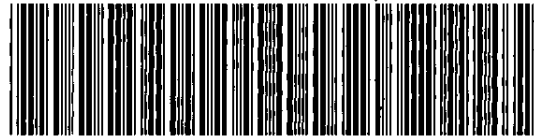
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500155356075

05/05/09--01026--002 \*\*70.00

RECEIVED  
MAY -5 AM 11:26  
TALLAHASSEE, FLORIDA

B. McKnight MAY 06 2009

## COVER LETTER

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

SUBJECT: JUST TRI IT, 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: SANDRA M. SINGLETON  
Name (Printed or typed)

470 3RD ST. S. #919  
Address

St. Pete FL 33701  
City, State & Zip

727 542 2544  
Daytime Telephone number

SANDY.SINGLETON@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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:

Just Tri Fit, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

470 3rd St S. #919 St. Pete FL 33701

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Triathlon Coaching Services

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sandra M. Singleton, 470 3rd St S #919, CEO/owner

## ARTICLE VI REGISTERED AGENT

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

470 3rd St S. #919 St. Pete FL 33701

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

470 3rd St. S. #919 St. Pete FL 33701

\*\*\*\*\*

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

Date

Date

FILED  
09 MAY -5 AM 11:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA