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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20C70000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Fitness Bootcamp Incorporated

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

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SECRETARY OF STATE
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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FITNESS BOOTCAMP INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

21445 TOWN LAKES DR. #321

BOCA RATON, FLORIDA 33486

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:

DIRECTOR, PRESIDENT

LIZA DI PASQUA

21445 TOWN LAKES DR. #321

BOCA RATON, FLORIDA 33486

DIRECTOR, PRESIDENT

JAMES KELLY

1124 NW 13TH ST. #220

BOCA RATON, FLORIDA 33486

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 FITNESS BOOTCAMP INCORPORATED

ARTICLE VI REGISTERED AGENT

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


LIZA DI PASQUA
21445 TOWN LAKES DR. #321
BOCA RATON, FLORIDA 33486

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:


LIZA DI PASQUA
21445 TOWN LAKES DR. #321
BOCA RATON, FLORIDA 33486

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.



LIZA DI PASQUA / Registered Agent

3/29/10
Date



LIZA DI PASQUA / Incorporator

3/29/10
Date