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SECRETARY OF STATE





COVER LETTER

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

SUBJECT: MO	WOR POWEL COR	LITE PORATE NAME - 1	WORK (OUT IXI(ESUFFIX)
Enclosed are an orig	ginal and one (1) copy of	the articles of incorp	poration and a c	check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		ee fied Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status / REQUIRED
FROM:	Sean Mi 220 SE 12	Name (Printed or ty	yped)	

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)

Signature/Incorporator

	40 ***
ARTICLE I NAME	10 MAY 14 PM 12: 57
The name of the corporation shall be:	SECRETARY OF CLARA
Moster Powell Nitro Workout, I	ALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
12930 State Rd 84	
Devic, FL 33325	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
workout peoglary	
ARTICLE IV SHARES	
The number of shares of stock is:	
1000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s) address(es) and ensoific title(s):	
Sean Millman - Vice President - 45%	
RIGHT - 450	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the regist	ered agent is:
"Nother Pavell	Ü
12930 State Rd 84	
Davie, FC 33325	·
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Sean Millman	
220 SE 121/5 St	
Fort Laucherdala, FC 33316	
Having been named as registered agent to accept service of process for the	ahove stated cornoration at the
place designated in this certificate, I am familiar with and accept the appoint	
agree to act in this cupacity ()	- I
Sant Joseph	5/10/10
Signature/Registered Agent	Date