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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 12 PM 2:47

10/18/10

## COVER LETTER

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

SUBJECT: Funky Fitness, 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: Brenda Cavallo

Name (Printed or typed)

9749 Nevada Place

Address

Boca Raton, FL 33434

City, State & Zip

561-271-4476

Daytime Telephone number

Jbocavallo@bellsouth.net

E-mail address: (to be used for future annual report notification)

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**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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **Funky Fitness, Inc.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**9749 Nevada Place**  
**Boca Raton, FL 33431**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Profit**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 (one hundred)**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>Brenda Cavallo</b>	Name and Title: _____
Address: <b>9749 Nevada Place</b>	Address: _____
<b>Boca Raton, FL 33431</b>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: **Brenda Cavallo**  
Address: **9749 Nevada Place**  
**Boca Raton, FL 33431**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Brenda Cavallo**  
Address: **9749 Nevada Place**  
**Boca Raton, FL 33431**

*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*

✓ **Brenda Cavallo**

Required Signature/Registered Agent

✓ **10/7/10**  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

✓ **Brenda Cavallo**

Required Signature/Incorporator

✓ **10/7/10**  
Date