

711000631126

(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



100193596361

02/14/11--01040--006 \*\*78.75

FILED

2011 MAR 29 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers MAR 30 2011 11-9022  
505  
113  
129  
119



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2011

CRAIG CANIBUDA  
303 CORDOVA RD  
WEST PALM BEACH, FL 33401

SUBJECT: ALOHA FITNESS PALM BEACH  
Ref. Number: W11000009022

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6929.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00003898

## COVER LETTER

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

**SUBJECT: Aloha Fitness Palm Beach Company**  
(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: Craig Canubida  
Name (Printed or typed)

303 Cordova Rd  
Address

West Palm Beach, FL 33401  
City, State & Zip

561.932.6227  
Daytime Telephone number

alohafitness73@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
2011 MAR 29 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** Aloha Fitness Palm Beach Company  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
303 Cordova Rd  
West Palm Beach, FL 33401

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide strength conditioning services to the public.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: <u>Craig Canubida, President</u>	Name and Title: _____
Address: <u>303 Cordova Rd</u>	Address: _____
<u>West Palm Beach, FL 33401</u>	_____

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: Craig Canubida  
Address: 303 Cordova Rd  
West Palm Beach, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Craig Canubida  
Address: 303 Cordova Rd  
West Palm Beach, FL 33401

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

Craig Canubida  
Required Signature/Registered Agent

**FILED**  
2011 MAR 29 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3/18/2011  
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.

Craig Canubida  
Required Signature/Incorporator

3/18/2011  
Date