

# 711000026771

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*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  
A1 ELITE FITNESS INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
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TALLAHASSEE, FLORIDA  
J. Shivers AUG 30 2011

H1100021429

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

**ARTICLE I NAME** A1 ELITE FITNESS INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
673 BERKELEY ST  
BOCA RATON, FL 33487

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ 1.00

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

Name and Title: P/V/P/S/T

Address: STEVEN L. MATTINGLEY  
673 BERKELEY ST  
BOCA RATON, FL 33487

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: STEVEN L. MATTINGLEY  
Address: 673 BERKELEY ST  
BOCA RATON, FL 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: STEVEN L. MATTINGLEY  
Address: 673 BERKELEY ST  
BOCA RATON, FL 33487

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



Required Signature/Registered Agent

08/29/2011

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.



Required Signature/Incorporator

08/29/2011

Date

H1100021429