

P12000005323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

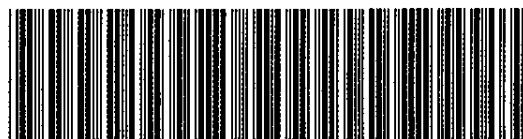
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
1/12/12

COVER LETTER

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

SUBJECT: _____

CK 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: _____

CINDY KITCHENS

Name (Printed or typed)

18882 N CR 349

Address

O'BRIEN, FL 32071

City, State & Zip

352-234-6847

Daytime Telephone number

CKFIT1@gmail.com

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

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

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

ARTICLE I NAME

The name of the corporation shall be:

CK FITNESS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

18882 N CR 349

O'BRIEN, FL. 32071

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY ACTIVITIES OR BUSINESSES PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE FLORIDA GENERAL CORP. ACT INCLUDING, BUT NOT LIMITING, THE ACQUISITION OF LIFE INSURANCE BONDS, DEBENTURES, COMMODITIES, LEASEHOLDS, OPTIONS, PUTS, CALLS, EASEMENTS, MORTGAGES, NOTES, MUTUAL FUNDS, INVESTMENT TRUSTS, COMMON TRUST FUNDS, VOTING TRUSTS, CERTIFICATES, ANY CLASS OF STOCK OR RIGHT TO SUBSCRIBE FOR STOCK, INCLUDING TRADING ON MARGIN.

ARTICLE IV SHARES

The number of shares of stock is: THIS CORPORATION IS AUTHORIZED TO ISSUE 1,000 SHARES OF ONE DOLLAR (\$1.00) PER VALUE COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CINDY KITCHENS, PRESIDENT

Address: 18882 N CR 349

O'BRIEN, FL. 32071

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: CINDY KITCHENS

Address: 18882 N CR 349

O'BRIEN, FL. 32071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CINDY KITCHENS

Address: 18882 N CR 349

O'BRIEN, FL. 32071

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

1.10.12

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

1.10.12

Date

FILED
12 JAN 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA