

712000019702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

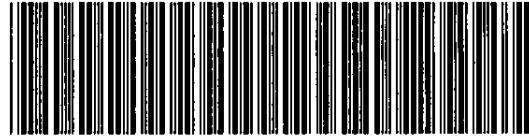
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Special Instructions to Filing Officer:

Robert Stein GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name
DATE 2-28-12
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2012 FEB 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 28 2012

W12-1007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2012

ROBERT H STEIN JR
1325 SWEETWATER COVE UNIT 202
NAPLES, FL 34110

SUBJECT: PRO FIT FLORIDA, INC.
Ref. Number: W12000010087

We have received your document for PRO FIT FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 812A00007532

COVER LETTER

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

SUBJECT: Pro Fit Florida, 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: Robert H. Stein, Jr.

Name (Printed or typed)

1325 Sweetwater Cove, Unit 202

Address

Naples, Florida 34110

City, State & Zip

(239) 290-4070

Daytime Telephone number

Bobby@allfitflorida.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 27 AM 10:33

FILED

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)

ARTICLE I NAME Pro Fit Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1325 Sweetwater Cove, Unit 202
Naples, Florida 34110

Mailing address, if different is:
Same as principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Pro fit Services, Inc. will serve
Pro fit Services, Inc. is incorporated for any and all lawful business. Initially, *Pro fit Services, Inc.* will serve two primary purposes: 1) Perform construction services, including but not limited to commercial fit-out, retro-fitting of fitness facilities, and residential construction. 2) Buying, selling and distributing of used fitness equipment to be sold to both individual and commercial customers.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert H. Stein, Jr., Chief Executive Officer</u>	Name and Title: _____
Address: <u>1325 Sweetwater Cove, Unit 202</u>	Address: _____
<u>Naples, Florida 34110</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: Robert H. Stein, Jr.
Address: 1325 Sweetwater Cove, Unit 202
Naples, Florida 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert H. Stein, Jr.
Address: 1325 Sweetwater Cove, Unit 202
Naples, Florida 34110

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TALLAHASSEE, FLORIDA

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

2/23/12

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

2/23/12

Date