

P12000037339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

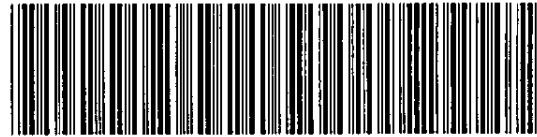
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/19/12--01025--006 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 19 PM 2:14

4/20/12

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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:** Sherise Robinson  
Name (Printed or typed)

20900 NE 30th Ave; Suite 200-30  
Address

Miami, FL 33180  
City, State & Zip

305-749-0930  
Daytime Telephone number

srobinson31@bellsouth.net  
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: Fit2theCoreUSA, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
Sherise Robinson  
20900 NE 30th Avenue; Suite 200-30  
Miami, FL 33180

12 APR 19 PM 2: 14  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Training and Sales of Fitness Equipment

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title:	<u>Sherise Robinson</u>	Name and Title:	_____
Address:	<u>20900 NE 30th Avenue</u>	Address:	_____
	<u>Suite 200-30</u>		_____
	<u>Miami, FL 33180</u>		_____

Name and Title:	<u>David Thompson</u>	Name and Title:	_____
Address:	<u>PO Box 212</u>	Address:	_____
	<u>Hallandale, FL 33008</u>		_____

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:

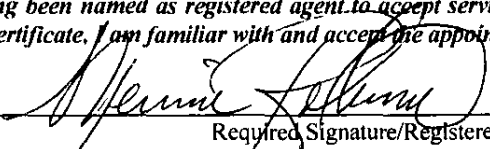
Name: Sherise Robinson  
Address: 20900 NE 30th Ave., Suite 200-30  
Miami, FL 33180

**ARTICLE VII INCORPORATOR**

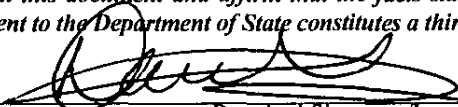
The name and address of the Incorporator is:

Name: David Thompson  
Address: PO Box 212  
Hallandale, FL 33008

*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*

	<u>04/17/12</u>
Required Signature/Registered Agent	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.*

	<u>04/17/12</u>
Required Signature/Incorporator	Date