P1300003538

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

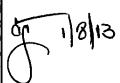
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COVER LETTER

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

SUBJECT: FIT	NESS EQUIPM				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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		
		ADDITIONAL CO	Status		

FROM:	DM: JEFFERY L. LANGEVIN Name (Printed or typed)				
	331 DRYBERRY WAY				
•	Address				
	CASSELBERRY, FLORIDA 32730-2909				
•	City, State & Zip				
<u>-</u>	HO7-668-9765 Daytime Telephone number				
	Daytime Telephone number				
.	FITEOPTO Embarg mail. Com 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 II	PRINCIPAL OFFICE Principal street address	Mailing address	ress, if different is:	
	122 LIVE OAKS BLVD			
	CASSELBERRY, PLORIDAQ 32707	-		
ADDECT P FFF	BIRDOGE		3	
ARTICLE III The purpose for	which the corporation is organized is:			
• •	ss Equipment			
Sale Of Fittle	as Equipment		I in	
			7	
ARTICLE IV	SHARES		.	
The number of sh	pares of stock is: 100		9 9 9	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	·CTOPS		
Name and	TILE; JEFFERY L. LANGEVIM, PRESIDENT	Name and Title:		
Address:	331 DRYBERRY WAY	a 3 a		
	FERN PARK, FLORIDA 32730-2909	•	· · · · · · · · · · · · · · · · · · ·	
	**************************************	·		
	Title;			
Address:				
Name and	Title:	Name and Title		
Address:	11110.			
ARTICLE VI	REGISTERED AGENT			
The name and K.	lorida street address (P.O. Box NOT accep ELIZABETH A. BEEBE	table) of the registered agent is:		
Address:	1167 W. MAGNOLIA BTREET			
	CLERMONT, FLORIDA 34711			
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	JEFFERY L. LANGEVIN			
Address:	CASSELBERRY, FLORIDA 32730-2909			
				
Having been nor	med as registered agent to accept service of am familiar with and accept the appointme	process for the above stated corporation	n at the place designated it	
mis verigicale, i	am jamuar wan ana accept the appulatmen	n az regusteren ageni ana agres ib aci in	mis capacity	
Oliver l.	eth la Berlie		12-27-2012	
	Required Signature/Registered Ag	ent –	/2-27:20/2 Date	
Y submit this dos	cument and affirm thin the facts stated her	eln are true I am munea that the false	information submitted in .	
	ement unit tijgern tilge tile jacis satiet her Department of State donstitutes a third degr			
ΛI	$I \cup I \cup I \cup I \cup I$			
	Jeruw / Tuwij Lum // Required Signification for porato		12-28-12	
7 17	// // scequired Signification // // // // // // // // // // // // //	Ī	Date	