

713000006166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

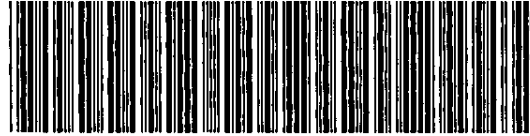
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900243427109

01/17/13--01016--003 **87.50

FILED

13 JAN 17 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers JAN 18 2013

COVER LETTER

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

SUBJECT: **DAP Dance 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Marie C Rene**

Name (Printed or typed)

4643 Cason Cove Dr Apt 2226

Address

Orlando, FL 32811

City, State & Zip

321-216-6423

Daytime Telephone number

mariecherly@yahoo.com

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

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

The name of the corporation shall be: DAP Dance Fitness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4643 Cason Cove Dr Apt 2226
Orlando, FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dance aerobics and Fitness

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marie C Rene, Managing Director

Address: 4643 Cason Cove Apt 2226
Orlando, FL 32811

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

13 JAN 17 AM 11:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

(conti.)

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: Marie C Rene
Address: 4643 Cason Cove Dr Apt 2226
Orlando, FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marie C Rene
Address: 4643 Cason Cove Dr Apt 2226
Orlando, FL 32811

FILED
13 JAN 17 AM 11:36
SECRETARY OF STATE
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

Marie Rene
Required Signature/Registered Agent

01/14/2013

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.

Marie Rene
Required Signature/Incorporator

01/14/2013

Date