

PI 30001461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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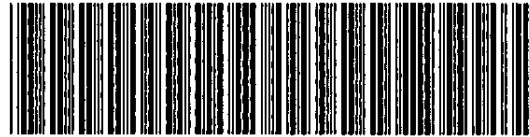
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/13--01060--030 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -4 PM 2:30

Ps 2/5/13

COVER LETTER

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

SUBJECT: Z-FIT STUDIO, 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: CARMEN S. REID-HAAS
Name (Printed or typed)

6114 ZELMA ROAD
Address

LUTZ, FLORIDA 33558
City, State & Zip

813-966-2482
Daytime Telephone number

zeefit@aol.com
E-mail address: (to be used for future annual report notification)

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

ST-000-Filing

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

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ARTICLE I NAME
The name of the corporation shall be: Z-FIT STUDIO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6114 ZELMA ROAD

LUTZ, FLORIDA 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WOMENS AEROBIC FITNESS

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARMEN S. REID-HAAS, OWNER

Name and Title: _____

Address 6114 ZELMA ROAD

Address: _____

LUTZ, FLORIDA 33558

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB -4 PM 2:30

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:

RAYMOND A. HAAS

Name:

4921 MEMORIAL HWY., #200

Address:

TAMPA, FLORIDA 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARMEN S. REID-HAAS

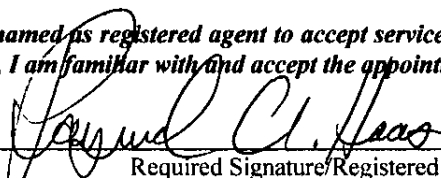
Name:

6114 ZELMA ROAD

Address:

LUTZ, FLORIDA 33558

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

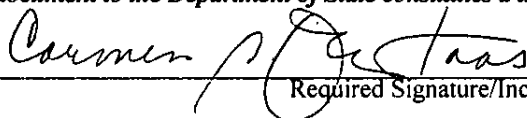


Required Signature/Registered Agent

02-01-2013

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.



Required Signature/Incorporator

02-01-2013

Date