

JAN/13/2014 4:11:31 PM

FAX No.

P. 001

P14000003193

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
FITMANITY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 JAN 13 PM 1:46

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TALLAHASSEE, FLORIDA

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JAN/13/2014/MON 10:49:AM

FAX No.

P. 002
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DIVISION OF CORPORATIONS

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

14 JAN 13 PM 1:46

ARTICLE I NAME
The name of the corporation shall be: FITMANITY, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

999 BRICKELL AVE
STE: 820
MIAMI, FL 33131

Mailing address, if different is:

999 BRICKELL AVE
STE: 820
MIAMI, FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>(P) EVELIO MEDINA</u>	Name and Title:	_____
Address	<u>999 BRICKELL AVE</u>	Address:	_____
	<u>STE: 820</u>		_____
	<u>MIAMI, FL 33131</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
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DIVISION OF CORPORATIONS
(cont.)

14 JAN 13 PH 1:46

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: EVELIO MEDINA
Address: 999 BRICKELL AVE STE: 820
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EVELIO MEDINA
Address: 999 BRICKELL AVE STE: 820
MIAMI, FL 33131


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

1/10/2014

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

1/10/2014

Date