

PH4000013550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

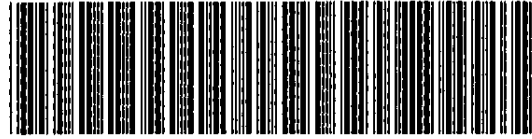
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/10/14--01024--015 **78.75

14 FEB 10 PM 2:47
STATE
ALL AMOUNTS IN FLORIDA

YND 2/13

COVER LETTER

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

SUBJECT: 305 Fitness Co.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Oleg Alex Zubarev
Name (Printed or typed)

3155 NE 184th Street # 8-102
Address

Aventura FL 33160
City, State & Zip

786-402-2581
Daytime Telephone number

alzubarev@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: 305 Fitness Co.

ARTICLE II PRINCIPAL OFFICE
Principal street address

3155 NE 184th Street
8-102
Aventura FL 33160

Mailing address, if different is:

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RECORDED & INDEXED
MAY 13 2010
STATE OF FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Fitness, personal training, boot camp workout

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Oleg Alex Zubarev President</u>	Name and Title:	_____
Address	<u>3155 NE 184th Street</u>	Address:	_____
	<u># 8-102</u>		_____
	<u>Aventura FL 33160</u>		_____

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

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

(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: A thru Z Corporate Movements Co.
 Address: 3155 NE 184th Street # 8-102
Aventura FL 33160

14 FEB 10 PM 2:47
 STATE
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Oleg A Zubarev
 Address: 3155 NE 184th Street # 8-102
Aventura FL 33160

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 2-5-14
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 2-5-14
Date