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14 MAY - 7 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 5/8

## COVER LETTER

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

SUBJECT: Health and Fitness 4 All, 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: Donna Durand

Name (Printed or typed)

637 SE 74th Ave

Address

Okeechobee, Fl. 34974

City, State & Zip

863-634-7268

Daytime Telephone number

sportsmans\_edge@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: Health and Fitness 4 All, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

306 NE 3rd St.

Okeechobee, Fl. 34972

Mailing address, if different is:

637 SE 74th Ave

Okeechobee, Fl. 34974

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Health and Fitness center

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Donna Durand President

Address: 637 SE 74th Ave.  
Okeechobee, Fl. 34974

Name and Title: Scott Durand Vice president

Address: 637 SE 74th Ave  
Okeechobee, Fl. 34974

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Donna Durand  
Address: 637 SE 74th Ave  
Okeechobee, Fl. 34974

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donna Durand  
Address: 637 SE 74th Ave  
Okeechobee, Fl. 34974

*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

05/02/2014

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

05/02/2014

Date