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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/04/14

COVER LETTER

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

SUBJECT: **FITNESS DESIGNS 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: **SJ COOPER & ASSOICAITES**
Name (Printed or typed)
4001 SANTA BARBARA BLVD # 366
Address
NAPLES, FL 34120
City, State & Zip
239-398-3637
Daytime Telephone number
steven@sjcfinance.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:

FITNESS DESIGNS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3554 OCEAN DR # 204 N
VERO BEACH, FL 32963

Mailing address, if different is:

C/O STEVEN COOPER
3269 SURGEON BAY CT
NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A PROFESSIONAL FITNESS CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JESSICA SULLIVAN, PRESIDENT**

Address **311 SOUTH HICKS STREET**

APT 1-C

PHILADELPHIA, PA 19102

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

(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: **STEVEN COOPER**
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES FL 34104

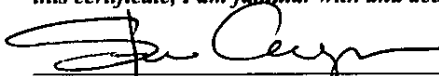
ARTICLE VII INCORPORATOR

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

Name: **STEVEN COOPER**
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

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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

5/23/1014

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

5/23/2014

Date