

P/4000050506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

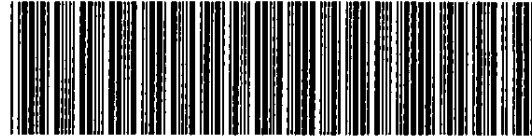
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



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14 JUN 11 09:11:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W14-28680

2



RECEIVED

14 JUN 11 AM 10:44

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 7, 2014

JANET NICHOLS
11596 11596 PIERSON ROAD
WELLINGTON, FL 33414

SUBJECT: CROSSFIT WELLINGTON, INC.
Ref. Number: W14000028680

We have received your document for CROSSFIT WELLINGTON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 314A00009692

COVER LETTER

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

SUBJECT: _____

CrossFit Wellington, 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: _____

Janel Nichols

Name (Printed or typed)

11596 Pierson Rd.

Address

Wellington, FL 33414

City, State & Zip

561-204-5053

Daytime Telephone number

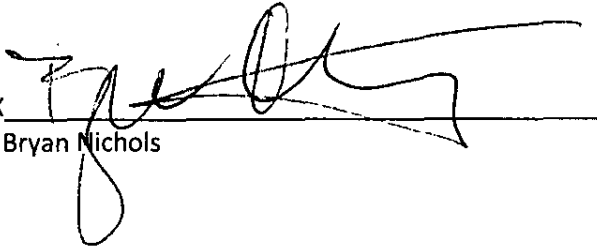
CrossFitWell@aol.com

E-mail address: (to be used for future annual report notification)

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

Florida Department of State
Division of Corporations

I, Bryan Nichols, have no intention of reinstating the corporation CrossFit Wellington.

X 
Bryan Nichols

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:

CrossFit Wellington, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11596 PIERSON RD
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Fitness
Instruction AND conduct CrossFit Classes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jane Nichols

Name and Title:

Address

11596 PIERSON RD
Wellington, FL
33414

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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:

James Nichols

Address:

11596 Pierson Rd

Wellington, FL 33414

ARTICLE VII INCORPORATOR

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

Name:

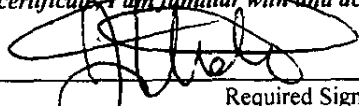
James Nichols

Address:

11596 Pierson Rd

Wellington, FL 33414

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

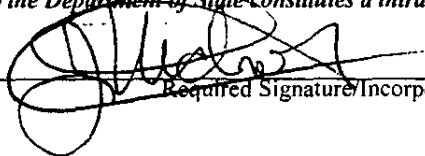


Required Signature/Registered Agent

3-30-14

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

3-30-14

Date