

Aug. 15. 2014 11:45AM  
Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727)322-0909  
Fax Number : (727)322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVIDCPA@Tampabay.fl.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
ON THE SPOT FITNESS, INC

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

TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

**ON THE SPOT FITNESS, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**3477 11TH AVE N**

**SAME**

**ST PETERSBURG, FL 33713**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO OPERATE A FITNESS FACILITY**

**AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1000**

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

Name and Title:

**JOSEPH HAYES P/S/T**

Name and Title:

Address

**3477 11TH AVE N**

Address:

**ST PETERSBURG, FL 33713**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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(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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S  
GULFPORT, FL 33707

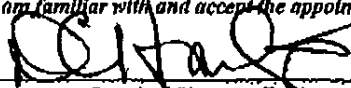
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS

Address: 2207 54TH ST S  
GULFPORT, FL 33707

*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

8/15/14

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 § 817.155, F.S.*



Required Signature/Incorporator

8/15/14

Date

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