P14000070761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000198695 3)))

H14000198695 3ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
14 AUG 22 AM 11:37

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

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (786)409-5946

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

Email Address: _____

14 AUG 22 PM 4:15

FLORIDA PROFIT/NON PROFIT CORPORATION
I-SWEAT FITNESS STUDIO, INC.

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

79652

08/25/14

Electronic Filing Menu Corporate Filing Menu Help

H14000198695

(3)

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: I-Sweat Fitness Studio, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
20855 NE 16th Avenue	8951 Abbott Avenue
#C36	Surfside, FL 33154
Miami, FL 33179	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business in the State of Florida

FILED
14 AUG 22 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica M Campbell, President
Address: 8951 Abbott Avenue, Surfside, FL 33154

Name and Title: Karla M. Rosen, Treasurer
Address: 6671 Branch Street, Hollywood, FL 33024

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Monica M. Campbell

Address: 8951 Abbott Avenue

Surfside, FL 33154

FILED
14 AUG 22 AM 11:37

ARTICLE VII INCORPORATOR

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

Name: Monica M. Campbell

Address: 8951 Abbott Avenue

Surfside, FL 33154

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

_____ 08/20/14

Required Signature/Registered Agent 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.

_____ 08/20/14

Required Signature/Incorporator Date