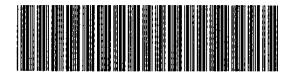
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



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COVER LETTER

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

SUBJECT: Fitness Equipment Distributors, 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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
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λM·	Sandra Worgan
J141.	Name (Printed or typed)
	P.O. Box 128
-	Address
	St. Augustine, FL 32085
	City, State & Zip
	904-461-6679
	Daytime Telephone number
	sanwor2750@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

October 1, 2014

SANDRA WORGAN P.O. BOX 128 ST.AUGUSTINE, FL 32085

SUBJECT: FITNESS EQUIPMENT DISTRIBUTORS, INC.

Ref. Number: W14000059907

We have received your document for FITNESS EQUIPMENT DISTRIBUTORS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Shareholders are not indexed in our records.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 714A00021009

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

ARTICLE II PR	INCIPAL OFFICE	35°		
	Principal street address	Mailing address, if different is		
14476 Duval	Place W.			
Suite 208		F S		
Jacksonville,	FL 32218			
ARTICLE III PUI	POSE service a	nd sales of pre-owned fitness adving	man	
The purpose for which	the corporation is organized is:	nd sales of pre-owned fitness equip		
			. <u>.</u>	
			 	
ARTICLE IV SH	APPS			
The number of shares of	f stock is:	s		
The number of shares of ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR:	_		
The number of shares of ARTICLE V INI Name and Title	r _{stock is:} 100 TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President	S Name and Title:		
The number of shares of ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR: e: Robert M. Worgan, President P.O. Box 128	_		
The number of shares of ARTICLE V INI Name and Title	r _{stock is:} 100 TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President	Name and Title:		
The number of shares of ARTICLE V INI Name and Title	TIAL OFFICERS AND/OR DIRECTOR: e: Robert M. Worgan, President P.O. Box 128	Name and Title:		
The number of shares of ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085	Name and Title:Address:		
The number of shares of ARTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085 Hugh Allen Eason, AMBR	Name and Title:Address:		
The number of shares of ARTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085 Hugh Allen Eason, AMBR 14476 Duval Place W.	Name and Title:Address:		
The number of shares of ARTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085 Hugh Allen Eason, AMBR	Name and Title: Address: Name and Title:		
The number of shares of ARTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085 Hugh Allen Eason, AMBR 14476 Duval Place W.	Name and Title: Address: Name and Title:		
The number of shares of ARTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085 Hugh Allen Eason, AMBR 14476 Duval Place W. Suite 208 Jacksonville, FL 32218	Name and Title: Address: Name and Title: Address:		
The number of shares of ARTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS e: Robert M. Worgan, President P.O. Box 128 St. Augustine, FL 32085 Hugh Allen Eason, AMBR 14476 Duval Place W. Suite 208 Jacksonville, FL 32218	Name and Title: Address: Name and Title:		

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Robert M. Worgan	the registered agent is:	14 0C1
Address:	14476 Duval Place W., Ste. 208		77. 6
	Jacksonville, FL 32218		THE PROPERTY OF
ARTICLE VII	INCORPORATOR		0 PH 3:07
The name and ad	dress of the Incorporator is:		
Name:	Sandra Worgan		
Address:	P.O. Box 128		
	St. Augustine, FL 32085		
	ned as registered agent to accept service of process um familiar with and accept the appointment as regi		in this capacity
- Th	1 / sug	 -	Sept. 23, 2014
, (Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony		
Δ	1/1/2 dr		Sept. 23, 2014
	Required Signature/Incorporator		Date