P14000087528

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WA-62127

COVER LETTER

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

SUBJECT: NVI	J, Inc. d/b/a/ Any	time Fitness	
Sebuber	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM: R	ichard R. Bickne	(Printed or typed)	
<u>P</u>	O Box 307		
L	ake City, FL 320	Address	
The state of the s		State & Zip	· · · · · · · · · · · · · · · · · · ·
38	36.292.6474		
	Daytime T	elephone number	
rrl	9936@yahoo.com		
	E-mail address: (to be use	d for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2014

RICHARD R. BICKNELL PO BOX 307 LAKE CITY, FL 32056

SUBJECT: NVU, INC. D/B/A/ ANYTIME FITNESS

Ref. Number: W14000062127

14 OCT 24 AM IO: 34
SECRETARY CERTORION
TAR NAME OF STATE

We have received your document for NVU, INC. D/B/A/ ANYTIME FITNESS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 014A00021816

Division of Corporations DO DOY 6997 Tallahassas Florida 99914

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

	ration shall be: NVU, Inc.				
RTICLE II PR	Principal street address		Mailing address, if different is:		
98 Palms Destin, FL 32540		PO Box 307			
		Lake	Lake City, FL 32056		
RTICLE III PU	RPOSE the corporation is organized is:	operate a hea	lth and fi	tness club in [Destin, Flo
		,			
<u> </u>	,			\$2.00 per \$1.00	1 00
RTICLE IV SF	IARES 100			Fig. 3	T 24 AM
		S] 1 7: 37
RTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR		. Jessi	ica Bickne	7:37
RTICLE V IN		Name and Title		ica Bickno	7:37
RTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR tle: Richard Bicknell, President / CEO		PO B		7: 37 ell, VP
R <i>TICLE V IN</i> Name and Ti	PO Box 307 Lake City, FL 32056	Name and Title	PO B	Box 307 City, FL	7: 37 ell, VP 32056
RTICLE V IN Name and Ti Address	PO Box 307 Lake City, FL 32056 Ken Snider, VP PO Box 307	Name and Title Address:	PO B Lake	Box 307 City, FL	7: 37 ell, VP
Name and Ti Address Name and Tit	PO Box 307 Ken Snider, VP	Name and Title Address: Name and Title	PO B Lake	Box 307 City, FL	7: 37 ell, VP
Name and Ti Address Name and Tit Address	PO Box 307 Lake City, FL 32056 Ken Snider, VP PO Box 307	Name and Title Address: Name and Title Address:	Lake	Box 307 City, FL	7: 37 ell, VP

Name an	d Title:	Name and Title:	
Address		Address:	
	· · · · · · · · · · · · · · · · · · ·		
			
ARTICLE VI	REGISTERED AGENT	No	
the name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Richard Bicknell		
Address:	1191 SW Bascom Norris Road		
	Lake City, FL 32025		+
ARTICLE VII	INCORPORATOR	•	mi Evan —
The name and ac	Idress of the Incorporator is:		
Name:	Richard Bicknell		
Address:	PO Box 307		V SA
	Lake City, FL 32056		AH 7
			دے جداد
Having been nan	ned as regi stered agent to accept service of process	for the above stated corporation at the	place designated in
this certificate, I	um familiar with and accept the appointment as reg	istered agent and agree to act in this ca	pacity
		9,	13/14
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are i Deputiment of State constitutes a third degree felony	rue. I am aware that the false inform	ation submitted in a
		. 10 provided for in 3101 (1100, 110)	1/21/11/
	Required Signature/Incorporator		120/19 Date
	- 1		