

P14000090900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

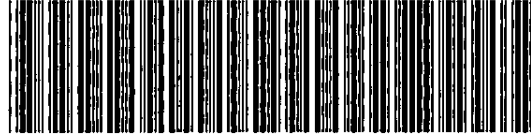
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/14--01010--005 **87.50

APPROVED
AND
FILED

14 NOV -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/11

COVER LETTER

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

SUBJECT: First Florida Fitness, 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

(2 COPIES)
* ADDITIONAL COPY REQUIRED

FROM: James N Sapp

Name (Printed or typed)

260 Cypress Edge Drive #106

Address

Palm Coast, FL 32164

City, State & Zip

904.540.3232

Daytime Telephone number

jnormansapp@yahoo.com

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

14 NOV -5 PM 3:13

ARTICLE I NAME

The name of the corporation shall be: First Florida Fitness, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

260 Cypress Drive #106

Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fitness Center

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James N Sapp, President

Name and Title: _____

Address 260 Cypress Drive #106

Address: _____

Palm Coast, FL 32164

Name and Title: Sunday Nemec, Vice President

Name and Title: _____

Address 260 Cypress Drive #106

Address: _____

Palm Coast, FL 32164

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED (cont.)

14 NOV -5 PM 3:13

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James N Sapp
Address: 260 Cypress Drive #106
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James N Sapp
Address: 260 Cypress Drive #106
Palm Coast, FL 32164

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.

✓ *James N Sapp*
Required Signature/Registered Agent

✓ 11-3-2014
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.

✓ *James N Sapp*
Required Signature/Incorporator

✓ 11-3-2014
Date