

P/SUXX0028784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

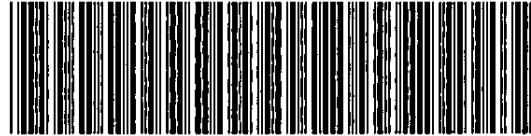
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/26/15--01019--009 \*\*70.00

FILED  
15 MAR 26 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 30 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: BETFIT, 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      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Adam Tozser  
Name (Printed or typed)

411 CLEVELAND ST. #253  
Address

CLEARWATER, FL 33755  
City, State & Zip

727-712-3774  
Daytime Telephone number

adam@emorycap.com  
E-mail address: (to be used for future annual report notification)

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

**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:

BETFIT, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

411 CLEVELAND ST. #253  
CLEARWATER, FL 33755

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SOCIAL NETWORKING, HEALTH  
AND FITNESS, ENTERTAINMENT

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title:

ADAM TOZSER

Name and Title:

Address

411 CLEVELAND ST.  
#253

Address:

CLEARWATER, FL 33755

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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: ADAM TOZSER  
Address: 1532 ROSEWOOD ST.  
CLEARWATER, FL 33755

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

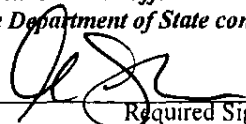
Name: ADAM TOZSER  
Address: 411 CLEVELAND ST. #253  
CLEARWATER, FL 33755

*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

3/23/15  
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.*

  
Required Signature/Incorporator

3/23/15  
Date