

P/5000034270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

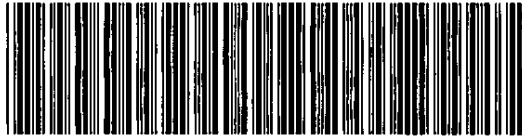
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15 APR 13 PM 12:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

✓ 04/15/15

COVER LETTER

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

SUBJECT: **COOL RUNNING TRI FIT 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

ADDITIONAL COPY REQUIRED

FROM: **BEVERLEY CLARKE**

Name (Printed or typed)

9511 N HOLLYBROOK LAKE DR BLDG 10 APT 110

Address

PEMBROKE PINES FL 33025

City, State & Zip

954 549 4074

Daytime Telephone number

TRIATWOMAN@HOTMAIL.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: COOL RUNNING TRI FIT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9511 N HOLLYBROOK LAKE DR BLDG 10 APT 110

PEMBROKE PINES FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT ALL LEGAL BUSINESS IN THE STATE

ARTICLE IV SHARES

The number of shares of stock is: 10

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DIVISION OF CORPORATION
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BEVERLEY CLARKE-PRESIDENT, SECRETARY, TREASURER

Name and Title: _____

Address 9511 N HOLLYBROOK DE BLDG 10 APT 110

Address: _____

PEMBROKE PINES, FL 33025

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: BEVERLEY CALRKE
Address: 9511 N HOLLYBROOK DR BLDG 10 APT 110
PEMBROKE PINES, FL 33025

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DIVISION OF CORPORATION
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BEVERLEY CLARKE
Address: 9511 N HOLLYBROOK DR BLDG 10 APT 110
PEMBROKE PINES FL 33025

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

Beverly I Clarke
Required Signature/Registered Agent

4/8/2015
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.

Beverly I Clarke
Required Signature/Incorporator

4/8/2015
Date