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☐ PICK-UP

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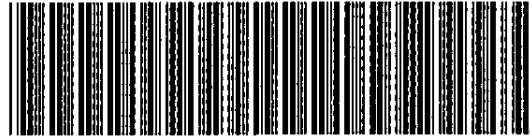
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15 APR 27 PM 12:00

(ans. 3/28)

## COVER LETTER

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

SUBJECT: LIVE MORE LIFE 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      ☐ \$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: Sheila A. Gamelin  
Name (Printed or typed)

2310 Morgans Run Ct  
Address

Bu fard GA 30579  
City, State & Zip

678 - 459 - 8402  
Daytime Telephone number

livemorelifefitness@yahoo.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: Live More Life Fitness Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1614 Shelling Ave  
The Villages FL  
32162

2310 Morgans Run Ct  
Buford GA  
30579

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal activities.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Sheila A. Gamelin / CEO Name and Title: \_\_\_\_\_

Address 2310 Morgans Run Ct Address: \_\_\_\_\_

Buford GA 30579

Name and Title: Todd W. Gamelin / COO Name and Title: \_\_\_\_\_

Address 2310 Morgans Run Ct Address: \_\_\_\_\_

Buford GA 30579

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

15 APR 27 PM 12:00

(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: REGISTERED AGENTS INC  
Address: 3030 N. Rocky Point Dr, STE 150A  
Tampa, FL 33607

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Todd Camelin  
Address: 2310 Morgans Run Ct  
Bethesda 30529

*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*

Bill Havre Bill Havre - President 4-22-15  
Required Signature/Registered Agent 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.*

[Signature] Required Signature/Incorporator 4-22-15  
Date