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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: COU - CHIEF OPERATING Officer				
CEO-CHEF EXECUTIVE Officer Suffix - Inc.				
Do Tiorna Circulation a				

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New Corr.

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

SUBJECT: Fitness US of Niceville Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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: Stephanie Cruz- Viger Name (Printed or typed)	
1231 W. Main Street	
CUOSSO, MI 48867 City, State & Zip	
(939) 736-2348 Daytime Telephone number	
Stophanie, Durchaus Gimail Cor E-mail address: (to be used for future annual report notification)	Y

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 A NAI	ME titness (15 of Niceville	Inc.
	NCIPAL OFFICE Principal street address	Mailing add	ress, if different is:
	31 W. Main Street	· · · · · · · · · · · · · · · · · · ·	
	10550, MI 48867		
	the corporation is organized is:	ot camp and	Fitness
<u>Center</u>	1.0000000000000000000000000000000000000		
	10.	46,	
The number of shares of	ARES Fistock is: 100 TIAL OFFICERS AND/OR DIRECT E: Roberto Larrivel 1231 W. Main Street Ownson, MI 4886	Name and Title:Address:	FILED FILED SHAY -7 PM 4: 43
Name and Title	: Jersey Grambrar	O CORame and Title:	
Address	1110 Juniper Aver Liceville, FL 32:		
Name and Title Address	»:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name: Jersey Giambrone	
Address: 734 Legion Drive #18	
Destin, FL 32541	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Roberto Carrivey	· · · · · · · · · · · · · · · · · · ·
Address: [a3] W. Main St	ን ቀ ⁷ -
OWOSSO, MI 48867	1
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in sistered agent and agree to act in this capacity
	<u> 7/28/15</u>
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a
Roberto Jamins	4/28/15
Required Signature/Incorporator	