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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LYS Fitness Inc.

Certificate of Status	1
Certified Copy	1
Page Count	3
Estimated Charge	$87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LYS FITNESS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6300 N.W. 120th Drive
Coral Springs, FL 33076

Mailing address, if different is:
6300 N.W. 120th Drive
Coral Springs, FL 33076

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Exercise and Fitness Facility

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorin Shlang - President
Address: 6300 N.W. 120th Drive
Coral Springs, FL 33076

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(com.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Lorin Shlang

Address: 6300 N.W. 120th Drive

Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lorin Shlang

Address: 6300 N.W. 120th Drive

Coral Springs, FL 33076

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

Lorin Shlang 5/7/2015

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.

Lorin Shlang 5/7/2015

Required Signature/Incorporator Date