

P15000081028

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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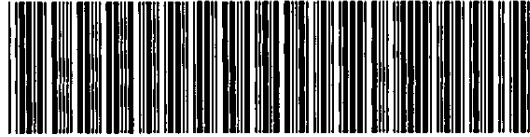
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/15--01007--012 **70.00

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15 SEP 24 PM 12:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

10/1/15

COVER LETTER

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

SUBJECT: Every Minute 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
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: Christopher J. Hutto

Name (Printed or typed)

1484 Murray Drive

Address

Jacksonville, FL 32205

City, State & Zip

904-887-6254

Daytime Telephone number

hutto51@gmail.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL 32314

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: Every Minute Fitness, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1484 Murray Drive
Jacksonville, FL 32205

Mailing address, if different is:
1484 Murray Drive
Jacksonville, FL 32205

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JACKSONVILLE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher J Hutto, President

Name and Title: _____

Address 1484 Murray Drive
Jacksonville, FL 32205

Address: _____

Name and Title: Jason P Hutto, Vice President

Name and Title: _____

Address 4742 42nd Avenue, Unit #178
Seattle, WA 98116

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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 the registered agent is:

Name: Kathy S Baker, EA
Address: 165 Wells Rd, Ste 105
Orange Park, FL 32073

ARTICLE VII INCORPORATOR

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

Name: Christopher J Hutto
Address: 1484 Murray Drive
Jacksonville, FL 32205

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Kathy S Baker
Required Signature/Registered Agent

9/22/15
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.

Chris Hutto
Required Signature/Incorporator

9-27-15
Date