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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BOOM FITNESS MIAMI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

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1/6/16

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COVER LETTER

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

SUBJECT: BOOM FITNESS MIAMI, 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: JANEIL ENCARNACION
Name (Printed or typed)

1555 NE 121 STREET, APT. S-501
Address

N. MIAMI, FL 33161
City, State & Zip

786-226-2349
Daytime Telephone number

JANEILFITNESS@HOTMAIL.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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EFFECTIVE DATE 01/06/16

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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: BOOM FITNESS MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1555 NE 121 STREET, APT. S-501
N. MIAMI, FL 33161

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANEIL ENCARNACION, PRESIDENT
Address: 1555 NE 121 STREET, APT. S-501
N. MIAMI, FL 33161

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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 the registered agent is:

Name: JANEIL ENCARNACION

Address: 1555 NE 121 STREET, APT S-501

N. MIAMI, FL 33161

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ARTICLE VII INCORPORATOR

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

Name: JANEIL ENCARNACION

Address: 1555 NE 121 STREET, APT S-501

N. MIAMI, FL 33161

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 2, 2016 (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.

_____ 01/05/16

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.

_____ 01/05/16

Required Signature/Incorporator Date

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