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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>, </u>
(50	iomoco Emily Marie	,
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Constitution to the	500 O#	<u>-</u> .
Special Instructions to	Filing Officer:	

Office Use Only



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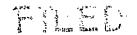
COVER LETTER

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

SUBJECT: Exclusi	ve Fitness by Tammy, INC	•	• •
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal 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 CO	PY REQUIRED
	mmy Cameron Nam	e (Printed or typed)	·
187	'8 East 9 Mile Rd Apt 1501		
_		Address	
Per	sacola, Florida 32514		
	City	, State & Zip	
850	9-554-7098		
	Daytime 1	Telephone number	
Ako	eiek@aol.com		
	E-mail address: (to be use	ed for future annual report i	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 corporate	tion shall be: Exclusive Fitness by Tammy,	INC .	16 JAN 13 PM 2: 47
ARTICLE II PRINC	TIPAL OFFICE Principal street address	Mailing address,	SECRETARY OF STATE IF HIS STATE OF STATE
6505 North W Street			· · · · · · · · · · · · · · · · · · ·
Pensacola, Florida 3250)5		
ARTICLE III PURPO The purpose for which t	<u>OSE</u> the corporation is organized is:	nd Fitness Coaching	
		,	·
-			

ARTICLE V INITIA	stock is: L OFFICERS AND/OR DIRECTORS		
	1979 Fact O Mile Pond Apt 1501		
Address	Pensacola Florida 32514	Address:	
Name and Title:		_ Name and Title:	
Address		Address:	
·	· .	<u> </u>	
			· .
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:	
Address		Address:	
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Name and	1 Title:	Name and Title:
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Address		Address:
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	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Ann Keiek	_ For 5 we
Address:	6702 Plantation Road	
	Pensacola, Florida 32504	
		SSE S
ADTICI E VII	INCORPORATOR	PH 2: 48 EE FLORID
MATICLE VII	<u>INCORPORATOR</u>	LORA STA
The <u>name and ad</u>	dress of the Incorporator is:	E SE LE LO
Name:	Tammy Cameron	<u></u>
Address:	1878 East 9 Mile Road Apt 1501	
	Pensacola, Florida 32514	
	EFFECTIVE DATE: 1/16/2016	
Effective date if a	other than the date of filing:ate is listed, the date must be specific and can	
	ilig.)	
(If an effective d days after the fil Note: If the date		ole statutory filing requirements, this date will not be listed as
(If an effective dedays after the file Note: If the date the document's effecting been named to the document of the document o	inserted in this block does not meet the applicab fective date on the Department of State's record and as registered agent to accept service of process	ole statutory filing requirements, this date will not be listed as is. ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
If an effective didays after the fil. Note: If the date the document's effective the document of the daying been named to the day in	inserted in this block does not meet the applicab fective date on the Department of State's record and as registered agent to accept service of process	ess for the above stated corporation at the place designated in
If an effective didays after the fil. Note: If the date the document's effective the document of the daying been named to the day in	inserted in this block does not meet the applicab fective date on the Department of State's record and as registered agent to accept service of process	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
(If an effective didays after the fil Note: If the date the document's effective decimal this certificate, I do I submit this document this document.	inserted in this block does not meet the applicable fective date on the Department of State's record and as registered agent to accept service of procum familiar with and accept the appointment as a Required Signature/Registered Agent	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity 1-16-2016 Date The true. I am aware that the false information submitted in a

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