

P16000025781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

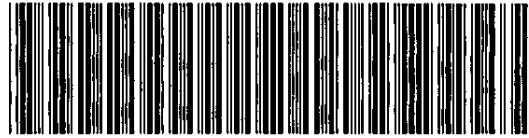
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700282223657

02/19/16--01016--004 **87.50

FILED
16 MAR 21 PM 3:52
TALLAHASSEE, FLORIDA

3/22/16

COVER LETTER

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

Dollar Fit Club, Inc.

SUBJECT: _____

(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: Kyle Kirby

Name (Printed or typed)

518 Douglas Ave #1222

Address

Altamonte Springs FL, 32714

City, State & Zip

407.461.9317

Daytime Telephone number

kyle@snappinstudio.com

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

FILED
16 MAR 21 PM 3:52

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 MAR 21 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 29, 2016

KYLE KIRBY
518 DOUGLAS AVENUE
SUITE 1222
ALTAMONTE SPRINGS, FL 32714

SUBJECT: DOLLAR FIT CLUB
Ref. Number: W16000014808

We have received your document for DOLLAR FIT CLUB and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 616A00004151

RECEIVED

16 MAR 21 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Dollar Fit Club, Inc.

The name of the corporation shall be:

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

518 Douglas Ave

#1222

Altamonte Springs FL, 32714

Mailing address, if different is:

16 MAR 21 PM 3:52

CLERK OF DISTRICT COURT
JANUARY 2021

ARTICLE III PURPOSE

Private label nutritional supplement company.

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kyle Kirby

Address 820 W. Charing Cross Cir.

Lake Mary FL, 32746

Name and Title: Jason Chomic

Address: 831 Camargo Way #206

Altamonte Springs FL, 32714

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: Jason Chomic
Address: 831 Camargo Way #206
Altamonte Springs FL, 32714

ARTICLE VII INCORPORATOR

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

Name: Kyle Kirby
Address: 820 W. Charing Cross Cir
Lake Mary FL, 32714

FILED
16 MAR 21 PM 3:52

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

Required Signature/Registered Agent

3/15/16
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.

Required Signature/Incorporator

3/15/16
Date