P16000044341

(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:

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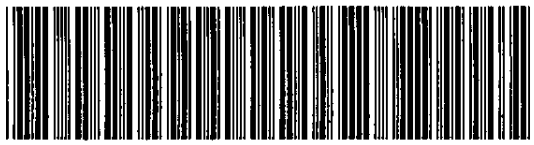

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05/16/16--01013--015 **70.00

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16 MAY 15 PM 3:05

5/23/16

COVER LETTER

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

SUBJECT: Dubree Strength Training, 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: Kevin Dubree
Name (Printed or typed)

5592 Lago Villaggio Way
Address

Naples, FL 34104
City, State & Zip

239-659-4487
Daytime Telephone number

kevin@hitfitnessflorida.com
E-mail address: (to be used for future annual report notification)

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16 MAY 16 PM 3:06

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

EFFECTIVE DATE 05/09/16

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

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16 MAY 16 PM 3:06

ARTICLE I NAME
The name of the corporation shall be: Dubree Strength Training, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5592 Lago Villaggio Way
Naples, FL 34104

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to conduct business in the state of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Dubree / President
Address: 5592 Lago Villaggio Way, Naples, FL 34104

Name and Title: Karen Dubree / Vice President
Address: 5592 Lago Villaggio Way, Naples, FL 34104

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: Kevin Dubree

Address: 5592 Lago Villaggio Way
Naples, FL 34104

ARTICLE VII INCORPORATOR

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

Name: Kevin Dubree

Address: 5592 Lago Villaggio Way
Naples, FL 34104

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16 MAY 13 PM 3:06

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 9, 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

_____ 5/9/16
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.

_____ 5/9/16
Required Signature/Incorporator Date