

P16000047317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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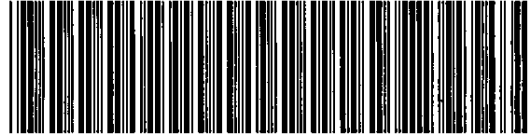
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** Bay Harbor 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:** Hudson Jean Claude

\_\_\_\_\_  
Name (Printed or typed)

600 Park View Drive, Suite 1023

\_\_\_\_\_  
Address

Hallandale Beach, FL 33009

\_\_\_\_\_  
City, State & Zip

305-607-7986

\_\_\_\_\_  
Daytime Telephone number

Harborfitness@hotmail.com

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

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**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 corporation shall be: Bay Harbor Fitness, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1108 Kane Concourse  
Suite 101  
Bay Harbor Islands, FL 33154

Mailing address, if different is:  
600 Park View Drive  
Suite 1023  
Hallandale Beach, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to conduct any lawful business activity 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: Hudson Jean Claude, President

Address: 600 Park View Drive

Suite 1023

Hallandale Beach, FL 33009

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Hudson Jean Claude \_\_\_\_\_

Address: 1108 Kane Concourse, Suite 101 \_\_\_\_\_

Bay Harbor Islands, FL 33009 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Hudson Jean Claude \_\_\_\_\_

Address: 600 Park View Drive, suite 1023 \_\_\_\_\_

Hallandale Beach, FL 33009 \_\_\_\_\_

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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*

Hudson Jean Claude  
Required Signature/Registered Agent

5-13-16  
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.*

Hudson Jean Claude  
Required Signature/Incorporator

5-13-16  
Date