P16000049418

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Oity/State/Elp/Filode#)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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05/16/16--01004--003 **78.75



COVER LETTER

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

SUBJECT: Kinetic	tic Performance of Palm Beach				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	d 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		
FROM:		e (Printed or typed)			
623	7 Lauderdale St. Jupiter, Fl. 33458	Address			
	City	, State & Zip			
	561- Daytime 1	246-8748 Telephone number	,		
	+moyeno E-mail address: (to be use	Shotmail.	com notification)		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2016

TERRENCE MOYENO 6237 LAUDERDALE STREET JUPITER, FL 33458

SUBJECT: KINETIC PERFORMANCE OF PALM BEACH

Ref. Number: W16000037308

RECEIVED

16 JUN -6 PH 4: 55

We have received your document for KINETIC PERFORMANCE OF PALM BEACH and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 216A00010853

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

1	In compliance with Chapter	607 and/or Chapter 621, F.S. (Profit	
RTICLE I NAM		f Palm Beach) The state of the
ne name of the corpo	ration shall be:		16 JUN - 6 PM 4: 5
<u>RTICLE II PRII</u>	NCIPAL OFFICE Principal <u>street</u> address	Mailing ac	HASSUIF different by STATE
37 Lauderdale St.			- CORIU
piter, Fl. 33458			
RTICLE III PUR ne purpose for which	POSE n the corporation is organized is:	anage and provide personal training	services for sports training
id engage in any lav	vful act or activity for which the corpo	oration is organized under the Florid	a General Business
orporation Act.			
			
<u> </u>			
RTIÇLE IV SHA	PFC		
he number of shares	of stock is:	e 	
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	
Name and Ti	Terrence Moyeno, Owner	Name and Title:	
	6237 Lauderdale St		
Address	Jupiter, Fl. 33458	Address:	
	Jupiter, Fr. 33436		
Name and Tit	le:	Name and Title:	
Address		Address:	
Addiess	<u></u>	Audiess.	

Name and Tit	le:	Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·

) Nt	and Traffic	, , , , , , , , , , , , , , , , , , ,
Name	and Title: Name	and Title:
Addre	Addres	is:
		•
ARTICLE VI	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the regi	stered agent is:
Name:	Terrence Moyeno	
Address:	6237 Lauderdale St	
	Jupiter, Fl. 33458	
		JUN 1
ARTICLE VII	INCORPORATOR	
The name and	address of the Incorporator is:	E SI L
Name:	Terrence Moyeno	PH 4:51 SEE FLORIDA
Address:	6237 Lauderdale St	D.A.
	Jupiter, Fl. 33458	
ADTICI E VII	II EFFECTIVE DATE: 04/01/2016	
Effective date,	if other than the date of filing:	(OPTIONAL)
(If an effective days after the	e date is listed, the date must be specific and cannot be mo- filing.)	re than five business days prior or 90 business
Note: If the d	ate inserted in this block does not meet the applicable statutory s effective date on the Department of State's records.	filing requirements, this date will not be listed as
	named as registered agent to accept service of process for the I am familiar with and accept the appointment as registered of	
	and Collan 202	04/01/2016
	Required Signature/Registered Agent	Date
	locument and affirm that the facts stated herein are true. I a be Department of State constitutes a third degree felony as pro	
40 <u>CHMERI 10 11</u>	Department of State Constitutes a titul degree Jetony as pro	04/01/2016
Rec	quired Signature/Incorporator	Date
	<i>-</i> //	