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T. SCOTT



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JULY 2016

## COVER LETTER

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

SUBJECT: Emons 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: Gerardo Molina  
Name (Printed or typed)

10363 NW 30th Terr  
Address

Doral, FL 33172  
City, State & Zip

(954) 415 3548  
Daytime Telephone number

germolina80@gmail.com  
E-mail address: (to be used for future annual report 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 corporation shall be: Emoms Fitness Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <sup>street</sup> address  
10363 NW 30th Terr  
Doral FL 33172

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A Fitness and Training  
Facility to exercise with a retail  
for fitness apparel.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Gerardo Molina President</u>	Name and Title:	<u>Lewis Pickett vice-</u>
Address	<u>10363 nw 30th terr</u>	Address:	<u>president.</u>
	<u>Doral FL 33172</u>		<u>700 NE 25th St Apt 1103</u>
			<u>Miami FL 33137</u>

Name and Title:	<u>Valentina Rodriguez</u>	Name and Title:	
Address	<u>Secretary</u>	Address:	
	<u>10363 NW 30th terr</u>		
	<u>Doral FL 33172</u>		

Name and Title:		Name and Title:	
Address		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: Gerardo Molina

Address: 10363 nw 30th terr

Doral FL 33172

**ARTICLE VII INCORPORATOR**

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

Name: Gerardo Molina

Address: 10363 NW 30th terr

Doral FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Aug 8/2016 (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*

\_\_\_\_\_  
Required Signature/Registered Agent

Aug 8/2016  
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

Aug 8/2016  
Date