

P180000 26757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

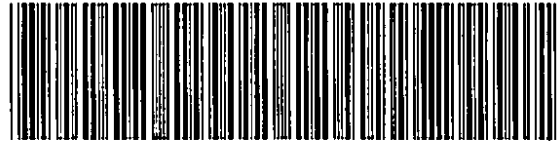
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18 MAR 16 PM 3:22
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Fit for Me Sensory Gym, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tevlin Petitfrere

Name (Printed or typed)

410 NW 214th street, Building 21, Unit 203

Address

Miami, FL 33169

City, State & Zip

305-502-9654

Daytime Telephone number

tevlinpetitfrere@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: Fit for Me Sensory Gym, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7122 West McNab Road

Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any or all lawful activities or business permitted under law of the

United States, the State of Florida or any state, country, territory, or nation.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tevin Petitfrere - Pres.

Address: 410 NW 214th street

Building 21, Unit 203

Miami, FL 33169

Name and Title: Sabrina Petitfrere - V P

Address: 410 NW 214th street

Building 21, Unit 203

Miami, FL 33169

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: Tevlin Petitfrere
Address: 410 NW 214th street, Building 21-203
Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tevlin Petitfrere
Address: 410 NW 214th street, Building 21-203
Miami, FL 33169

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 days prior or 90 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
3/12/2018
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
3/12/2018
Date