

P18 DWD 51113

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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2018 JUN -7 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 08 2018

T. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

KELLEY ADERHOLD
P.O. BOX 273962
TAMPA, FL 33688

SUBJECT: FITROOM EXPRESS, INC
Ref. Number: W18000036719

We have received your document for FITROOM EXPRESS, INC 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 018A00007888

faxed 6/5/18 4:28pm E
1 of 6 pages

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COMMUNICATIONS
COMMERCIAL
DEVICES

Fax: 850-245-6804

Attention: Tyrone Scott

Thank you for your
assistance Mr. Scott

Have a wonderful and Blessed day,

Kelley Aderhold ^{MS} Bond

813-244-5700

FitrcomExpress@gmail.com

82-5144445

CRJ# 21

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: FITROOM EXPRESS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
200 CENTRAL AVE #280
ST. PETERSBURG, FL 33701

Mailing address, if different is:
PO BOX 273982
TAMPA, FL 33688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE WELLNESS SERVICES IN THE FORM OF
FITNESS THERAPY TO COMPANIES AND INDIVIDUALS ALONG WITH OTHER SIMILAR PRODUCTS AND
NUTRITIONAL AIDES

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER CHAPMAN, P
 Address: PO BOX 273982
TAMPA, FL 33688

Name and Title: KELLEY ADERHOLD, VPST
 Address: PO BOX 273982
TAMPA, FL 33688

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2018 JUN -7 PM 2:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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: KELLEY ADERHOLD

Address: 10575 68TH AVE N SUITE B2

SEMINOLE, FL 33772

ARTICLE VII INCORPORATOR

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

Name: KELLEY ADERHOLD

Address: 10575 68TH AVE N SUITE B2

SEMINOLE, FL 33772

ARTICLE VIII EFFECTIVE DATE: 04/11/2018

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

Kelley Aderhold
Required Signature/Registered Agent

4/11/2018
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.

Kelley Aderhold
Required Signature/Incorporator

4/11/2018
Date