

P18000061102

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11418000056704

JUL 13 2019

T. SCOTT



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2018 JUL 11 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2018

MICHAEL CROSLIN
6232 NW 36 AVE
COCONUT CREEK, FL 33073

SUBJECT: FITME, INC.
Ref. Number: W18000056704

We have received your document for FITME, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

L16000060145-FIT ME, LLC,

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: 718A00012696

RECEIVED
2018 JUL 11 PM 12:28
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

COVER LETTER

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

SUBJECT: _____

FitME Technologies, 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: _____

Michael Croslin

Name (Printed or typed)

6232 NW 36 Ave

Address

Cocoa+ Creek FL 33073

City, State & Zip

(954) 816-9251

Daytime Telephone number

mike.croslin@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: FitME Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6232 NW 36 Ave
Coconut Creek FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide fitness services

ARTICLE IV SHARES

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

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2018 JUL 11 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Croslin - Name and Title: Dany Rbalta -

Address President and Director Address: Director, Secretary, and Treasurer

6232 NW 36 Ave

6232 NW 36 Ave

Coconut Creek FL 33073

Coconut Creek FL 33073

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Dary Rubalte
Address: 6232 NW 36 Ave
Coconut Creek FL 33073

ARTICLE VII INCORPORATOR

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

Name: Michael Croslin
Address: 6232 NW 36 Ave
Coconut Creek FL 33073

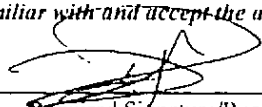
ARTICLE VIII EFFECTIVE DATE:

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.)

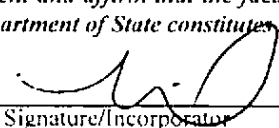
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/13/18
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

6/13/18
Date