

P18000083082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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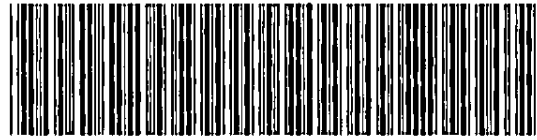
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 OCT -1 AM 11:06
SEP 25
TALLAHASSEE
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OCT 05 2018

K Brumbley

COVER LETTER

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

SUBJECT: TRI FIT COMPANY

(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: ZOE DA SILVA

Name (Printed or typed)

21326 ESCONDIDO WAY SOUTH

Address

BOCA RATON, FL 33433

City, State & Zip

561-808-6790

Daytime Telephone number

ZOEDASILVA1979@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: TRI FIT COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21326 ESCONDIDO WAY SOUTH

BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT, FITNESS TRAINING

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZOE DA SILVA - P

Address 21326 ESCONDIDO WAY SOUTH

BOCA RATON, FL 33433

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SEP 26 2013
TALLAHASSEE
FLA

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: ZOE DA SILVA

Address: 21326 ESCONDIDO WAY SOUTH

BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

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

Name: ZOE DA SILVA

Address: 21326 ESCONDIDO WAY SOUTH

BOCA RATON, FL 33433

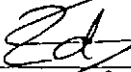
ARTICLE VIII EFFECTIVE DATE:

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

✓ 9/19/18
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

✓ 9/19/18
Date