Division of Corporations Electronic Filing Cover Sheet

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H180003107803ABC

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

Phone Fax Number

: (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION

S-Fit. Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be: S-Fit, Inc		
<u>ARTICLE II PRINC</u> 90 SW 3RD ST, APT#	TPAL OFFICE Principal street address		Mailing address, if different is:
MIAMI, FL 33130		-	
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	and all lawful p	urposes for which a corporation may be formed.
ARTICLE IV SHARI The number of shares of ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTO Josney Stefania Ruiz Matheus, Dir	Name a	and Title:
Address	MIAMI, FL 33130	Addres	S:
Name and Title: Address			nd Title:s:
Name and Title:			nd Title:

Name an	d Title:	Name and Title:	
Address		Address:	_
ARTICLE VI	REGISTERED AGENT orlda street address (P.O. Box NOT accept	uble) of the registered agent is:	
Name:	Josney Stofania Ruiz Matheus		
Address:	90 SW 3RD ST, APT# 2202		
Addition.	MIAML FL 33130		
ARTICLEVII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	TATYANA KUKULIYEVA		
Address:	16 COURT ST, 14TH FL		
	BROOKLYN, NY 11241		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and	cannot be more than five days prior or 98 days after the	
Note: If the date the document's e	e inserted in this block does not meet the app effective date on the Department of State's re	icable statutory filing requirements, this date will not be liste cords.	d as
Having been nat this certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at the place designa tas registered agent and agree to act in this capacity	ted in
* () 14		10/24/18	
<u> </u>	Required Signature/Registered Age	nt Date	_
I submit this doc document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the faise information submitte e felony as provided for in \$.817.155, F.S.	i in a
	Auto 64	10/24/2018	
Requ	ired Signature/Incorporator	Date	