

Jun. 1 2019  
6/18/2019

P19000049042

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

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Account Number : 076376001447  
Phone : (561)832-5900  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Eshepherd007@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

The KickBox Club, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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 KickBox Club, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: \_\_\_\_\_

157 Ridge Road

Jupiter, Florida 33477

**ARTICLE III PURPOSE** This Corporation is organized for the purpose  
The purpose for which the corporation is organized is: \_\_\_\_\_  
of engaging in the business of fitness training and transacting any and all  
other lawful business.

**ARTICLE IV SHARES** 1,000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ed Shepherd, P/D

Name and Title: \_\_\_\_\_

Address 157 Ridge Road

Address: \_\_\_\_\_

Jupiter, Florida 33477

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

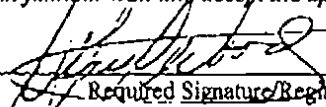
**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NestEgg Advisors Group, LLC  
Address: 501 1st Avenue North, Suite 912  
St. Petersburg, FL 33701

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Gary Walk  
Address: 515 N. Flagler Dr., 20th Floor  
West Palm Beach, FL 33401

*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

06/17/2019

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

6/18/19

Date

(H19000190439 3)

19 JUN 18 AM 10:09  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF THE STATE OF  
FLORIDA