2100098004

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	·#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

NOV 18 2021



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2021

DANIELLE ELISSE ESTRADA 3840 SW 145 AVENUE MIAMI, FL 33175

SUBJECT: DEE FIT INC Ref. Number: W21000131215

We have received your document for DEE FIT 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 effective date is not acceptable since it is not within five working days of the date of receipt.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

www.sunbiz.org

Letter Number: 121A00023801

COVER LETTER

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

SUBJECT:	DEE FIT INC) ·	
	(PROPOSED CORPOR)	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	l a check for:
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fcc & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Danieue Elic Nam	SE ESTYADA e (Printed or typed)	
	3840 S.W. 145	Address	
	Michmi, Florida City	33175 State & Zip	
	305- 781 Daytime 1	- 6840 Celephone number	
	DEEFITING (O G E-mail address: (to be use	Mail. OM d for future annual report r	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)

ICLE I NAME name of the corporati	ion shall be: DEE FIT IN	<u>C</u> .	
SHO SW. FIS	Principal <u>street</u> address 145 ALCOUL	Mai	iling address, if different is:
ICLE III PURPO purpose for which th	SE ne corporation is organized is:ACTIV	rewear wr	noiesale Distributo
	tock is:	·	
Name and Title:	Danielle Estrada / President	Name and Title:	
	3840 S.W. 145 Avenue Miami, Florida 33175		
Name and Title:		Name and Title:	
Address		Address:	
-			45 C2 45 C2
Name and Title:_		Name and Title:	# 8
Address _		Address:	
- -			
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Name and T	tle:	Name and Title:	
Address		Address:	
ARTICLE VI REC	GISTERED AGENT la street address (P.O. Box NOT acceptable) of	the registered ager	nt is:
Name:	Danielle Elisse Estruda		
Address:	3840 S.N. 145 Avenue	-	
_	Miami, Florida 33175	-	
<u>ARTICLE VII INC</u>	<u>CORPORATOR</u>		
The name and addre	ess of the Incorporator is:		
Name:	Danielle Elisse Estrada		
Address:	3840 S.W. 145 Avenue	=	
	Miami, Florida 3317	2	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	er than the date of filing: ANATY is listed, the date must be specific and canno	<u>2027</u> . (OP 1 be more than fi	TIONAL) ve days prior or 90 days after the
Note: If the date insthe document's effect	erted in this block does not meet the applicable tive date on the Department of State's records.	statutory filing rec	quirements, this date will not be listed as
Having been named o certificate, I am fami	as registered agent to accept service of process foliar with and accept the appointment as register	or the above stated ed agent and agree	corporation at the place designated in this to act in this capacity
Dauls	Required Signature/Registered Agent		10/27/21
- •			Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony	true. I am aware as provided for in	that the false information submitted in a is \$17.155, F.S.
Donal	Alex_		10/27/21
Required Signature I	ncorporator		Date

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