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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ж	FILING	INC
	FITGURLMEL, INC	
	(CORPORATE NAME AND DOCUMENT	î #)
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo	ration shall be: FITGURLMEL, INC		
TICLE II PRI 1 RIVERS CT RLANDO, FL 3	NCIPAL OFFICE Principal street address 2828	Mailing	g address, if different is:
TICLE III PUR purpose for whic	POSE h the corporation is organized is:	E FITNESS PROGAM	
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TICLE IV SILA number of shares	RES 1000 of stock is:		
number of shares	of stock is: TOO STATE OF STAT	Name and Title	•
number of shares TICLE V INIT Name and T	of stock is:		
number of shares	of stock is: TOOS TAL OFFICERS AND/OR DIRECTORS tle: MELISSA ALCANTARA, DP	Name and Title:Address:	· · · · · · · · · · · · · · · · · · ·
number of shares FICLE V INIT Name and T Address	MELISSA ALCANTARA, DP 801 RIVERS CT ORLANDO, FL 32828	Address:	
number of shares FICLE V INIT Name and Ta Address Name and Tit	MELISSA ALCANTARA, DP 801 RIVERS CT ORLANDO, FL 32828	Address: Name and Title:	
number of shares TICLE V INIT Name and T Address	MELISSA ALCANTARA, DP 801 RIVERS CT ORLANDO, FL 32828	Address: Name and Title: Address:	
Name and Ti	MELISSA ALCANTARA, DP 801 RIVERS CT ORLANDO, FL 32828	Address: Name and Title: Address:	
Name and Ti Address Name and Ti Address	MELISSA ALCANTARA, DP 801 RIVERS CT ORLANDO, FL 32828	Address: Name and Title: Address:	
Name and Ti Address Name and Ti Address	MELISSA ALCANTARA, DP 801 RIVERS CT ORLANDO, FL 32828	Address: Name and Title: Address: Name and Title: Name and Title:	

Name and Title:		Name and Title:		
Address				
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:		
Name:	Registered Agents Inc.	ine, er die regimered agent ib.		
Address:	7901 4th St N Ste 300			
	St. Petersburg, FL 33702		6 0	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		WIZHAR 25 PM 12: 2	
The name and a	ddress of the Incorporator is:			
Name:	Amanda J. Beren		Sec	
Address:	31416 Agoura Rd Ste. 118		FD PM 12: 28	
	Westlake Village, CA 91361			
Effective date, i (If an effective filing.) Note: If the dat	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and of e inserted in this block does not meet the applie	cannot be more than five days proceeds the capture capture statutory filing requirements	rior or 90 days after the	
Having been na	med as registered agent to accept service of pro- familiar with and accept the appointment as re	ess for the above stated corporation	n at the place designated in this his capacity	
	Bee Home		03/24/2022	
· - · · · ·	Required Signature/Registered Agen		Daic	
I submit this do document to the	cument and affirm that the facts stated hereit Department of State constitutes a third degree	n are true. I am aware that the fa felony as provided for in s.817.155	dse information submitted in a , F.S.	
	ure/Incorporator		03/24/2022	
Required Signat	ure/Incorporator	Da		

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