

P22000073364

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SEP 23 2022

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 9/22 | DANNY

**CERTIFIED COPY**

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**INC**

**1. P&A PILATES INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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: P&A Pilates Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

79 SW 12th Street, Apt. 2212  
Miami, FL 33130

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Pilates Studio

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SECTION OF CLERK OF COURT

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

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

Name and Title: Andrea K. Ponce

Name and Title: President/Treasurer/Director

Address 79 SW 12th Street, Apt. 2212  
Miami, FL 33130

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

Name and Title: Carlos A. Ponce Martinez

Name and Title: Vice President/Secretary/Director

Address 79 SW 12th Street, Apt. 2212  
Miami, FL 33130

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

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

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

Address \_\_\_\_\_

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

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: Andrea K. Ponce

Address: 79 SW 12th Street, Apt. 2212  
Miami, FL 33130

**ARTICLE VII INCORPORATOR**

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

Name: Andrea K. Ponce

Address: 79 SW 12th Street, Apt. 2212  
Miami, FL 33130

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**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*

*Andrea Ponce*



9/21/2022

Required Signature/Registered Agent Andrea K. Ponce

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.*

*Andrea Ponce*



9/21/2022

Required Signature/Incorporator Andrea K. Ponce

Date