# P2200074836

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Či	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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C 9/20/2022

## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/26/2022	_	⇔WALK IN	
ENTITY NAME_YOGA	AFIT TRAINING SYSTI	EMS WORLDWIDE INC	_
	st. Incorporation secon		_
DOCUMENT NUMBER			_
	**PLEASE FILE TH	E ATTACHED AND RETURN**	
xxxxx	Plaix Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts		
	**APOSTILLE'/N	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA NUMBER OF CERTIFIC			
TOTAL OWED \$70		ACCOUNT #: I20160000072	
TOTAL OWLD	<del></del>	S R FM	
Please call Tina at	the above number for	any issues or concerns. Thank you so much!	



September 27, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

CORRECTED
Please Allow For
Same File Date

SUBJECT: YOGAFIT TRAINING SYSTEMS WORLDWIDE INC

Ref. Number: W22000122547

We have received your document for YOGAFIT TRAINING SYSTEMS WORLDWIDE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The merger or share exchange should be signed by the chairman or vice chairman of the board of directors, the president or any other officer for each corporation involved in the merger or share exchange.

There is a balance due of \$70.00.

Please return 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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 722A00021491



#### **ARTICLES OF MERGER**

2022 02.126 711 8: 50

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surv	viving entity:		
Name	Jurisdiction	Entity Type	Document Number
Yogafit Training Systems Worldwide Inc	FL	Corp	(If known/ applicable)
SECOND: The name and jurisdiction of each  Name	merging eligible  Jurisdiction	entity: Entity Type	Document Number
Yogafit Training Systems Worldwide Inc	NV	Corp	(If known/ applicable)
			<del></del>

**THIRD:** The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

<b>FOUR</b>	TH: Please check one of the boxes that apply to surviving entity:
	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
<b>Ø</b>	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
Q	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
<u>FIFTH</u>	: Please check one of the boxes that apply to domestic corporations:
<b>Ø</b>	The plan of merger was approved by the shareholders and each separate voting group as required.
	The plan of merger did not require approval by the shareholders.
SLXTH	: Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
<u>SEVEN</u>	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such

<b>EIGHTH:</b> If other than the date of fi than 90 days after the date this docum		ayed effective date of the merger, which c by the Florida Department of State:	annot be prior to nor more
Note: If the date inserted in this bloc listed as the document's effective date		neet the applicable statutory filing requirent artment of State's records.	nents, this date will not be
NINTH: Signature(s) for Each Party  Name of Entity/Organization:  Yogafit Training Systems Work		Signature(s):	Typed or Printed Name of Individual: Beth Shaw
Yogafit Training Systems World	dwide Inc	Beth Shar	Beth Shaw
Corporations:		n, Vice Chairman, President or Officer rectors selected, signature of incorporator.	)
General partnerships:  Florida Limited Partnerships:  Non-Florida Limited Partnerships:  Signature of a general partner  Signatures of all general partners  Signature of a general partner  Signature of a general partner  Signature of an authorized person			

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

mich ou Abrudia i Addice	
Principal street address  N Birch Road # 903	Mailing address, if different is
Lauderdale FL 33304	
<u>FICLE III PURPOSE</u> purpose for which the corporation is organized is: Any lawfu	ıl purpose.
TICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Beth Shaw, President	Name and Title:
	Name and Title:
Name and Title: Beth Shaw, President  Address 401 N Birch Road # 903	
Name and Title: Beth Shaw, President	
Name and Title: Beth Shaw, President  Address 401 N Birch Road # 903	
Name and Title: Beth Shaw, President  Address 401 N Birch Road # 903	
Name and Title: Beth Shaw, President  Address  401 N Birch Road # 903  Fort Lauderdale FL 33304	Address:
Name and Title: Beth Shaw, President  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title:
Name and Title: Beth Shaw, President  Address  401 N Birch Road # 903  Fort Lauderdale FL 33304	Address:  Name and Title:
Name and Title: Beth Shaw, President  Address 401 N Birch Road 7 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title:
Name and Title: Beth Shaw, President  Address 401 N Birch Road 7 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title:
Name and Title: Beth Shaw, President  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title:
Name and Title: Beth Shaw, President  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title:
Name and Title: Beth Shaw, President  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title:  Address:
Name and Title: Beth Shaw, President  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:	Address:  Name and Title: Address:  Name and Title: Name and Title:
Name and Title: Beth Shaw, President  Address  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:  Address	Address:  Name and Title: Address:  Name and Title: Name and Title:
Name and Title: Beth Shaw, President  401 N Birch Road # 903  Fort Lauderdale FL 33304  Name and Title:  Address  Name and Title:	Address:  Name and Title: Address:  Name and Title: Name and Title:

•	Name and	l'itle:	Name and Title:
	Address		Address:
		EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	f the registered agent is:
N	ame:	360 Corporate Solutions LLC	_
A	ddress:	2600 S Douglas Road Ste PH8	_
		Coral Gables FI 33134	
	•		
4	RTICLE VII II	NCORPORATOR NCORPORATOR	
Th	e <u>name and add</u>	ress of the Incorporator is:	
	Name:	Beth Shaw	-
	Address:	401 N Birch Road 井 903	_
		Fort Lauderdale FL 33304	_
Eff (If	fective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prior or 90 days after the
		nserted in this block does not meet the applicable ective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Ha cei	ving been name tificate, I am far	d as registered agent to accept service of process f niliar with and accept the appointment as register Required Signature/Registered Agent	for the above stated corporation at the place designated in this red agent and agree to act in this capacity  QQQQQ  Date
l s do	ubmit this docu cument to the p	pient and inffirm that the fugis stated herein are eparament of State constitutes a third degree felon	true. I am aware that the false information submitted in by as provided for in s.817.155, F.S.