

P24000001890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

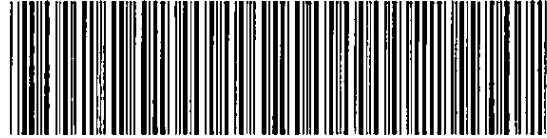
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024

SCOTT COUNTY
FLORIDA

U.S.S.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/3/2024

****WALK IN****

ENTITY NAME UNIQUE AMENITY FITNESS SOLUTIONS INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

E R J

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

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: Unique Amenity Fitness Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>500 E Broward Blvd, Ste. 1710</u> <u>Fort Lauderdale, FL 33394</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Aron Potash, President</u>	Name and Title: _____
Address: <u>500 E Broward Blvd, Ste. 1710</u>	Address: _____
<u>Fort Lauderdale, FL 33394</u>	_____ _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____ _____	_____ _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____ _____	_____ _____

2014

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: Aron Potash

Address: 500 E Broward Blvd, Ste. 1710

Fort Lauderdale, FL 33394

ARTICLE VII INCORPORATOR

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

Name: Aron Potash

Address: 500 E Broward Blvd, Ste. 1710

Fort Lauderdale, FL 33394

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

/s/ Aron Potash

01/02/2024

Required Signature/Registered Agent

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.

/s/ Aron Potash

01/02/2024

Required Signature/Incorporator

Date

4702

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