

5/30/2024 08:47:00 PDT

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To: 1850617-6381

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Fax: 813-365206

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Fund Fit Inc**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

MAY 30 PM 12:56

2024 MAY 30 AM 9:

**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: Fund Fit Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address7901 4th St N STE 300  
St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300  
St. Petersburg, FL 33702**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide innovative fundraising solutions through custom apparel sales, supporting schools,

sports teams, non-profits, and community groups. Activities include design, production,

e-commerce management, and event coordination to empower and support communities

**ARTICLE IV SHARES**The number of shares of stock is: 10000000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sloan, Shawn (D, P, T)Name and Title: Sloan, Stephanie (D, S)Address 7901 4th St N STE 300  
St. Petersburg, FL 33702Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2024 MAY 30 AM 5:11

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: Registered Agents Inc  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Robin Jones  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

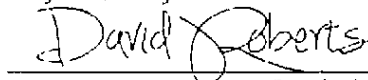
**ARTICLE VIII EFFECTIVE DATE:**

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*

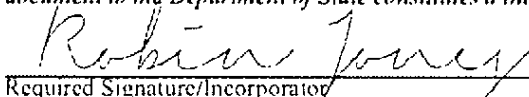


Required Signature/Registered Agent

5/30/2024

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.*



Required Signature/Incorporator

5/30/2024

Date

2024 MAY 30 AM 9:10  
FILED