P95000003624

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500001357189
-12/19/94--01116--005
****131.25 ****131.25

SUBJECT: Cycle Fit, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

[ ] $70.00 Filing Fee	[ ] $78.75 Filing Fee & Certificate	[ ] $122.50 Filing Fee & Certified Copy	[x] $131.25 Filing Fee, Certified Copy & Certificate

FILED
1995 JAN 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Simon G. & Karen L. Thomas
Name (printed or typed)

2902 S.E. Durant Ave.
Address

Stuart, FL 34997
City, State & Zip

(407) 221-0521
Daytime Telephone number

$ OB 12/20/94
524, 601
~~for filing purposes~~ use only TRA
~~H94-26980~~
P95-3624

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 20, 1994

SIMON G. THOMAS
2902 SE DURANT AVE.
STUART, FL 34997

SUBJECT: CYCLE FIT, INC.
Ref. Number: W94000026980

We have received your document for CYCLE FIT, INC. and your check(s) totaling $131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

For filing purposes, list only one registered agent.

The registered agent must sign accepting the designation.

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 (904) 487-6929.

Brendolyn Bruton
Corporate Specialist

Letter Number: 094A00053817

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
1995 JAN 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Cycle Fit, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4923 S. Federal Highway
Ft. Pierce, FL 34982

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100
One Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

~~Simon Greer~~ Karen L. Thomas

2902 S.E. Durant Ave.
Stuart, FL 34997

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Simon G. & Karen L. Thomas
2902 S.E. Durant Ave.
Stuart, FL 34997

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of November, 1994.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Cycle Fit, Inc.

2. The name and address of the registered agent and office is:

[redacted] Karen L. Thomas
(Name)

2902 S.E. Durant Ave.
(P.O. Box not acceptable)

Stuart, FL 34997
(City/State/Zip)

FILED
1995 JAN 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Karen L. Thomas
(Signature)

12/23/94
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

APPLICATION FOR REINSTATEMENT

P95000003624

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -3 PM 3:46

DOCUMENT # P95000003624

1. Corporation Name

CYCLE FIT, INC.

100001980961--4
-10/21/96--01024--006
****375.00 ****375.00

Principal Place of Business	Mailing Address
4923 S FEDERAL HWY FT. PIERCE FL 34982	4923 S. FEDERAL HWY FT. PIERCE FL 34982

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
CycleFit	CycleFit
Suite, Apt #, etc	Suite, Apt #, etc: 6421 Citrus Ave.
City & State: Port ST. Lucie, FL	City & State: FT. Pierce, FL
Zip / Country: ST. Lucie	Zip: 34982 / Country: ST. Lucie

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1995

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Simon G. Thomas	6421 Citrus Ave.	FT. Pierce, FL 34982
VP	Karen L. Thomas	6421 Citrus Ave.	FT. Pierce, FL 34982
Sec.	Karen L. Thomas	6421 Citrus Ave.	FT. Pierce, FL 34982

REINSTATEMENT 96 KWM

8. Name and Address of Current Registered Agent

THOMAS, KAREN L
2902 SE DURANT AVE.
STUART FL 34997

9. Name and Address of New Registered Agent

Name: Karen L. Thomas
Street Address (P.O. Box Number is Not Acceptable): 6421 Citrus Ave.
Suite, Apt. #, Etc.:
City: FT. Pierce State: FL Zip Code: 34982

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date: Sept 25, 1996

Signature of Registered Agent: Karen L. Thomas — REGISTERED AGENT MUST SIGN

(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Date: Sept 25, 1996 Daytime Phone #: 561 5954789

SIGNATURE: Karen L. Thomas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96) 0095151 AF

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

Block 1 The law requires the corporation to maintain on file with the Secretary of State the current address(es) of the corporation. The NAME of the corporation can be changed only by filing an amendment.

Block 2 If the preprinted mailing address in Block 1 is incorrect, type or print the new mailing address in Block 2. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)

Block 3 If the preprinted principal office address in Block 1 is incorrect, type or print new principal office address in Block 3.

Block 4 If Block 4 is blank, enter the date of incorporation or qualification for this corporation.

Block 5 If Block 5 is blank, complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" is indicated in Block 5, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this application or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.

Block 6 Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional $8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.

Block 7 If the pr… informat… use the V=Vice position; letter "D… in Block … natural …

Block 8 The law … register…

Block 9 Enter na… address…

Block 10 The des… and this REGIST… not sign…

Block 11 CHECK … REVEN…

Block 12 This rep… corporat…

…ype or print the correct …ssary. In column 1 …onsuror, S=Secretary, …position, enter all …AST 3 DIRECTORS; the …addresses must be listed …OTE: A director must be a …

…rrect, indicate the new …

…be a Florida street …

…btance of its obligations …E SIGNED BY THE …registered agent does …

…O THE DEPT. OF …

…or on an attachment. If the …

Mail this postcard to businesses and people who send you mail

Please send mail to new address beginning: 1/09/1996 (Month Day Year)

My Name (Last name, first name, middle initial): Cycle-Fit Plus

OLD Complete Street Address or PO Box or Rural Route and RR Box: 4923 S US Highway 1 — Apt./Suite #:

City or Post Office: Ft. Pierce — State: FL — ZIP or ZIP+4 Code: 34982

NEW Complete Street Address or PO Box or Rural Route and RR Box: 1672 S US Highway 1 — Apt./Suite #:

City or Post Office: Port St. Lucie — State: FL — ZIP or ZIP+4 Code: 34982

NEW Telephone Number (Optional): 5615459289

Account Number (If applicable): P45000003624

Today's Date: 1/09/1996 (Month Day Year)

Signature: [signature]

FEES:

Reinstatement Fee	$175.00
Annual Report Fee	$ 61.25 (for each year due)
Corporate Supplemental Fee (Profit Corporations only)	$138.75 (for each year due 1992 forward)

NOTE: ALL PROFIT CORPORATIONS APPLYING FOR REINSTATEMENT ON OR AFTER JANUARY 1, 1997, MUST CONTACT THE REINSTATEMENT SECTION AT (904) 487-6059 FOR APPROPRIATE INSTRUCTIONS. FEE INCREASE GOES INTO EFFECT JANUARY 1, 1997.

Mailing Address:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Courier Service Address:

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Phone: 904-487-6059

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.