

P95000011022

TRANSMITTAL LETTER

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

FILED  
95 FEB -6 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

800001399408  
-02/07/95--01076--003  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: Pride Personal Training Center, 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

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Mary Jean Delle Fave  
Name (printed or typed)  
2410 Alister Ct  
Address  
Orlando, FL 32837  
City, State & Zip  
(407) 856-5363  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

FILED  
95 FEB -6 PM 10:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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.*

### ARTICLE I NAME

The name of the corporation shall be:

Pride Personal Training Center, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

2410 Alister Ct  
Orlando, FL 32837

### ARTICLE III SHARES

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

5000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mary Jean Delle Fave  
2410 Alister Ct  
Orlando, FL 32837

**ARTICLE V INCORPORATOR(S)**

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

Mary Jean Delle Fave  
2410 Alister Ct  
Orlando, FL 32837

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

3rd day of February, 1995.

  
\_\_\_\_\_  
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: Pride Personal Training Center, Inc.

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

Mary Jean Delle Fave  
(Name)  
2410 Alister Ct  
(P.O. Box not acceptable)  
Orlando, FL 32837  
(City/State/Zip)

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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.*

Mary Delle Fave  
(Signature)

February 3, 1995  
(Date)

P95000011022

Foley & Cardner

Requestor's Name

Address

222-6100

City/State/Zip

Phone #

300002020563--6

-12/05/96--01020--002

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

300

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
96 DEC -5 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
96 DEC -5 AM 10:27  
DIVISION OF CORPORATION  
12/5/96  
Dissolved

Examiner's Initials

DC

**PRIDE PERSONAL TRAINING CENTER, INC.**

**ARTICLES OF DISSOLUTION**

**PURSUANT TO** Section 607.1403 of the Florida Statutes, the undersigned corporation adopts these Articles of Dissolution.

**ARTICLE I**  
**NAME**

The name of the corporation is Pride Personal Training Center, Inc.

**ARTICLE II**  
**ELECTION TO DISSOLVE**


There exists only one class of shareholders and all shareholders of the corporation entitled to vote have approved these Articles of Dissolution by unanimous written consent on November 20, 1996, such consent being sufficient for approval.

**ARTICLE III**  
**EFFECTIVE DATE**

The effective date of these Articles of Dissolution shall be the date of filing of the Articles with the Department of State.

Signed on this 20th day of November, 1996.

  
Mary Jean DelleFave, President

  
James E. Graybill, Jr., Secretary

FILED  
96 DEC -5 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 20th day of November, 1996, by Mary Jean DelleFave. Such person did not take an oath and: *(notary must check applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced \_\_\_\_\_ as identification.

{Notary Seal must be affixed}



George Leto Jr  
Signature of Notary

George Leto Jr  
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): \_\_\_\_\_

My Commission Expires (if not legible on seal): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 20th day of November, 1996, by James E. Graybill, Jr. Such person did not take an oath and: *(notary must check applicable box)*

- ☐ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☒ produced PA DL# 14712468 as identification.

{Notary Seal must be affixed}



Arlene Rodriguez  
Signature of Notary

Arlene Rodriguez  
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): \_\_\_\_\_

My Commission Expires (if not legible on seal): \_\_\_\_\_



ARLENE RODRIGUEZ  
My Commission CC348304  
Expires Feb. 03, 1998  
Bonded by HAI  
800-422-1186