

P95000015392

TRANSMITTAL LETTER

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

400001413664  
-02/23/95--01068--001  
\*\*\*131.25 \*\*\*131.25

SUBJECT: BODY ALIVE HEALTH & FITNESS PRODUCTS CORP.  
(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

RECEIVED  
95 FEB 23 11 05

FILED

FROM:

ILEANA CURA

Name (printed or typed)

801 W 49th St. Suite 105 Hialeah, FL 33012

Address

Hialeah, FL 33012

City, State & Zip

(305) 821-9553

Daytime Telephone number

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

2-24-95  
JTH

## ARTICLES OF INCORPORATION

FILED  
95 FEB 23 11 8 56  
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:

*BODY ALIVE HEALTH + FITNESS PRODUCTS CORP.*

### ARTICLE II PRINCIPAL OFFICE

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

*801 W. 49<sup>th</sup> St. Suite 105 Hialeah, FL 33012*

### ARTICLE III SHARES

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

*100*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*ILEANA CORA*

*801 W. 49<sup>th</sup> St. Suite 105  
HIALEAH, FL 33012*

**ARTICLE V INCORPORATOR(S)**

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

ILEANA CORA

801 W. 49<sup>th</sup> ST. Suite 105

HiALeAh, FL. 33012

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

14 day of 2, 19 95.



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: BODY ALIVE HEALTH +  
FITNESS PRODUCTS CORP.

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

ILEANA CORA  
(Name)  
801 W 49th St. Suite 105  
(P.O. Box not acceptable)  
HIWATH FL 33012  
(City/State/Zip)

SECRET  
TALLAHASSEE, FLORIDA

95 FEB 23 11 2 57

FILED

*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.*

Ileana Cora  
(Signature)

2 14 95  
(Date)

P95000015392

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Body Alive EIN or SS#: 65-0588401

Address: 801 W. 49th St #105  
Hialeah, FL 33012

Amount: \$35.00 Date Paid 6.10.96

Reason for claim: Withdrawal of amendment filing fee.

S. Harris/Amendments

BODY ALIVE HEALTH & FITNESS PRODUCTS CORP., P95-15392

Certified true and correct this 29 day of JUNE, 19 96.

Signature M. Allen

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>35.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01035-014</u> dated <u>06/13/96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

June 19, 1996

Maria Alicea  
801 W. 49th St.  
Suite 105  
Hialeah, FL 33012

**SUBJECT: BODY ALIVE HEALTH & FITNESS PRODUCTS CORP.**  
Ref. Number: P95000015392

We have received your document for BODY ALIVE HEALTH & FITNESS PRODUCTS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The date of adoption of each amendment must be included in the document.

Since the amendment was adopted by the incorporator, it must be signed by the incorporator. If Maria Alicea is the original incorporator, list the title of Incorporator along with President under her signature.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6908.

Steven Harris  
Corporate Specialist

Letter Number: 795A00030408

*Sent refund  
6/26.*

500001861345  
-06/13/96--01035--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

MARIA ALICEA

801 W. 49<sup>th</sup> St. Suite 105  
Hialeah, FL. 33012

(305) 821-9553