

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

900001497299 -03/23/95--01013--004 *****78.75 *****78.75

	roposed corporate name - must include suffix)		
Enclosed is an original and one (1) copy of the articles of incorporation and a check for :			
570.00	₹78.75		
Filing Fee	Filing Fee Filing Fee, & Certificate & Certified Copy & Certificate		
FROM:	Tulie L. OFFER Name (printed or typed)		
	10019 N. Dale Makry #600-306/		
	Address /2/97		
	Tampa, FL. 33618		
	City, State & Zip		
	813-960-8172		
	Daytime Telephone number		

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

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.

ARTICLE | NAME

The name of the corporation shall be:

BIO FITNESS INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

10019 N. Dale Makry # 600-306 Tampa, F1 33618

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TULIE L. OFFER

10019 N. DOLE MABRY

#600-306

Tampa, FL. 33618

ARTICLE V INCORPORATOR(S)

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

JULIE L. OFFER

10019 N. DALE MARRY

600 - 306

Tampa, FL. 33618

> 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 LAVE 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: Bio Eilness Zustritute, Tuc
2.	The name and address of the registered agent and office is:
	Julie L. OFFER
	(Name) 10019 N. Dale Maby #600-306
	(P.O. Box not acceptable)

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.

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