P95000028078

4/7/95

Requestor's Name PBR

Address

City State Zip Phone

VALIDATION ONLY

500001451815
-04/10/95--01030--003
****122.50 ****122.50

CORPORATION(S) NAME

SUPERIOR GYM SERVICE, INC.

(X) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

(X) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

CERTIFIED COPY
4-10-95

EMPIRE Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION
FOR
SUPERIOR GYM SERVICE, INC.

BY THESE ARTICLES OF INCORPORATION, the Incorporator form this corporation for profit under Florida Law.

SECTION I

The name of the corporation shall be Superior Gym Service, Inc..

SECTION II

This corporation shall be authorized to transact any and all lawful business for which corporations may be incorporated under Florida Law.

SECTION III

This corporation is authorized to issue one hundred (100) shares of common stock without par value.

SECTION IV

The principal office and place of business of the corporation will be located at 16395 E. Aquaduct Drive, Loxachatchee, Florida 33470.

SECTION V

The corporation shall have one (1) director initially, who shall serve as Director for the first year of the corporation's existence, or until a successor is elected and qualified. The number of directors shall be fixed by the By-laws and may be changed from time to time, but shall never be less than one (1).

SECTION VI

The initial Director of the corporation is Mabel Resendes, P. O. Box 210683, Royal Palm Beach, Florida, 33421-0683. The initial Secretary of the corporation is Helder Resendes, P. O. Box 210683, Royal Palm Beach, Florida 33421-0683.

SECTION VII

The initial Incorporator of this corporation is Mabel Resendes, P. O. Box 210683, Royal Palm Beach, Florida 33421-0683.

SECTION VIII

The initial registered agent of this corporation is B. Douglas MacGibbon, Esquire, 1615 Forum Place, Suite 200, West Palm Beach, FL 33401.

SECTION IX

The corporation reserves the right to amend, alter, change or repeal any provision contained herein the Articles of Incorporation, in a manner now or hereinafter prescribed by Florida Statue, and all rights conferred upon stockholders herein are granted subject to this reservation.

SECTION X

Nothing in these Articles of Incorporation shall be taken to limit the power of this corporation, and this corporation shall have all the rights and privileges of corporations under the laws of the State of Florida.

DATED this 4th day of April , 1995

Mabel Resendes

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

THE FOREGOING INSTRUMENT was acknowledged before me this 27 day of April, 1995, by [illegible] who is personally known to me and who has produced [illegible] as identification and who did (did not) take an oath.

[illegible]
NOTARY PUBLIC
State of Florida

[illegible]
Printed, typed or stamped

My Commission expires:

CONSENT OF REGISTERED AGENT

Having been named as Registered Agent for this corporation, at the registered office designated in the foregoing Articles of Incorporation, the undersigned accepts the designation.

B. Douglas MacGibbon, Esq.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 20 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028078

1. Corporation Name

SUPERIOR GYM SERVICE, INC.

Principal Place of Business

16388 E. AQUADUCT DRIVE
LOXAHATCHEE FL 33470

Mailing Address

16388 E. AQUADUCT DRIVE
LOXAHATCHEE FL 33470

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/10/1995

5. FEI Number: 65-0597606 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	RESENDES, MABEL	POST OFFICE BOX 210000	ROYAL PALM BEACH FL 33421
S	RESENDES, HELDER	POST OFFICE BOX 210000	ROYAL PALM BEACH FL 33421

100002033041---4
-12/27/96--01043--004
****375.00 ****375.00

REINSTATEMENT 1996
A. Allen
12/20/96

8. Name and Address of Current Registered Agent

MACGIBBON, B D ESQ.
1615 FORUM PLACE STE 200
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: MALTIN V. DeLisi EA

Street Address (P.O. Box Number is Not Acceptable): 4361 Northlake Blvd

Suite, Apt. #, Etc.:

City: Palm Beach Gardens | State: FL | Zip Code: 33410

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.

Signature of Registered Agent: _____ Date: 12/17/96

REGISTERED AGENT MUST SIGN

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

(See other side for information on intangible tax.)

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Mabel R. Resendes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Daytime Phone #

CR2E040 (7/96)