

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

(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 ▼ 478.75** 1122.50 **#131.25** Filing Fee & Certificate Filing Fee Filling Fee & Certified Copy Additional Copy Required FROM: 900001512029 -06/13/95--01072--008 *****78.75 *****78.75 380 CREEKSTONE Address ONGWOOD, FL. City, State & Zip 407) 788-0747 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 I NAME

The name of the corporation shall be:

LITTLE BYM OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

380 CREEKSTONE CT.

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

SUGAN M. JAYE 780 CREEKSTONE CT. LONGUISON, FL 32779

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

RICK A. JAYE
340 CREEKSTONE Cr.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS (7 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:	LITTLE	GYM O	e FLORIDA	I, Idc.
2.	The name and address of the registe	ered agent and	office is:		
	- SUSAN.	TAYE (NAME)			
		OF MAIL Drop Box	NOT ACCEPTABL	Ε)	
	- Loup moo	(CITY/STATE	32779 (ZIP)		
con age rela	ving been named as registered ag poration at the place designated in i int and agree to act in this capacity. iting to the proper and complete perj igations of my position as registered	this certificate, I further agri formance of m	I hereby accep to to comply wi	t the appointment a	s registered
	SUSAN (SIONATURE)		- <u>-</u>	(112/95 DATE)	