1500066684 TRANSMITTAL LETTER



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

	sed is an origina	l and one (1) co	ppy of the articles c	of incorporation a	and a c	:hecl	k
for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required		9577322	
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, & C /		4729	Hwy 988	2 #15	TIC:		
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		904-1	54-8685	<del></del>			

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

Daytime Telephone number



ASSOCIATION OF THE PARTY OF THE

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:

PRO . FIT INC.

ARTICLE II PRINCIPAL OFFICE

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

4729 Huy 98 E #15 Dostin, Fla. 32541

ARTICLE III SHARES

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

One Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Melissa H. Delcambre 4729 Hwy 98E #15 Destin, 7la. 32541

## 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):

Melissa H. Dolonmbre - President 1729 Nwy 98E #15 Dostin, Fla. 32541

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29<sup>th</sup> day of August , 19 95.

Signature

Signature

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 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: $\frac{F_{R0} - F_{i} + I_{NC}}{F_{i} + I_{NC}}$ .
•	
2,	The name and address of the registered agent and office is:  Melissia H. Dekambre
	(NAME)
	(P.O. Box or Mail-Drop Box NOT ACCEPTABLE)
	Destin, 7/a 32540

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.

Millelantre 8-29-95 (DATE)