

P96000078978

Requestor's Name
206 S.E. 14th Avenue
Address
Ocala, Florida 34471
City/State/Zip Phone #

FILED
96 SEP 20 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 788891344107
-09/11/96--01016--009
*****70.00 *****70.00
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #) W96-19170
502

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report *
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials
TH
9-24-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 12, 1996

MARC A. MARVIN
206 S.E. 14TH AVENUE
OCALA, FL 34471

SUBJECT: GYMCAFE, INC.
Ref. Number: W96000019170

We have received your document for GYMCAFE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 996A00042400

ARTICLES OF INCORPORATION
OF

GymCare National, Inc.

FILED
96 SEP 20 AM 9 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned incorporator, hereby make, subscribe, acknowledge and file with the Secretary of the State of Florida, these Articles of incorporation for the purpose of forming a corporation for profit in accordance with the Laws of the State of Florida, Chapter 607.

ARTICLE I

The name of this corporation shall be:

GymCare National, Inc.

ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE III

The total number of shares of capital stock authorized to be issued by the corporation shall be One Thousand (1,000) shares having a par value common of One Dollar (\$1.00) per share. All stock shall be of one class.

ARTICLE IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation will begin business will be \$1,000.00.

ARTICLE V

EXISTENCE OF CORPORATION

This corporation shall have perpetual existence.

ARTICLE VI

REGISTERED AGENT

The name and address of the Registered Agent to accept service of process within the State is:

Marc A. Marvin
206 SE 14th Avenue
Ocala, Florida 3441

ARTICLE VII

INCORPORATOR

The incorporator of the corporation is:

Marc A. Marvin
206 SE 14th Avenue
Ocala, Florida 34471

ARTICLE VIII

DIRECTORS

The corporation shall have one (1) Director. The initial Director is:

Marc A. Marvin
206 SE 14th Avenue
Ocala, Florida 34471

ARTICLE IX

PRINCIPAL OFFICE

The principal office where this corporation shall have its principal place of business is:

206 SE 14th Avenue
Ocala, Florida 34471

ARTICLE X

OFFICERS

The officers of this corporation shall be:

President

Marc A. Marvin
206 SE 14th Avenue
Ocala, Florida 34471

Vice-President
Secretary
Treasurer

Peter M. Foglesong
206 SE 14th Avenue
Ocala, Florida 34471

ARTICLE XI

BYLAWS

The power to adopt, amend or repeal Bylaws shall be vested in the Board of Directors and the Shareholders.

Dated this 18th day of September, 1996.



MARC ANTHONY MARVIN
Incorporator

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared MARC ANTHONY MARVIN, who is personally know to me or who has produced Florida Drivers License as identification, and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.



MARC ANTHONY MARVIN

IN WITNESS WHEREOF, I have set my hand and my official seal at Ocala, in said County and State this 18th day of September 1996.



[Signature]
Notary Public, State of Florida
My commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST -- THAT

GymCare National, Inc.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE
CITY OF OCALA, STATE OF FLORIDA, HAS NAMED MARC A. MARVIN,
LOCATED AT 206 SE 14TH AVENUE, CITY OF OCALA, STATE OF
FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN
FLORIDA.

SIGNATURE

[Signature]
(Corporate Officer)

TITLE

PRESIDENT

DATED

18 SEPT 96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS
FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY,
AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.

SIGNATURE

M. M. M. M.

DATED

18 SEPT 94

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TALLAHASSEE, FLORIDA