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

Tallahassee, FL 32314				
SUBJECT: Flo	rida Fitness Center (Proposed co	Inc. porate name - must include	e suffix)	_
Enclosed is an original	and one(1) copy of the articles			32056 -01012001 5 *****78.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	1416 Nautilus	inted or typed)		
-	(850) 939-016	State & Zip		SECRETARY OF S DIVISION OF CORPOR

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

STATE ORATIONS A WY

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Florida Fitness Center Inc.



ARTICLE II PRINCIPAL OFFICE

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

1416 Nautilus Dr. Navarre, FL 32566

ARTICLE III SHARES

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

5000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Anthony W. Guess 1416 Nautilus Dr. Navarre, FL 32566

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Anthony W. Guess 1416 Nautilus Dr. Navarre, FL 32566

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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.

igngfüre Registered Agent

Date