## Department of State Division of Corporations

Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	SOBE FIT,	INC.		
	(Proposed corporate name - must include suffix)			
Enclosed is an origina	and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: JOE DOEDTMAN  Name (Printed or typed)				
1602 ALTON ROAD, SWITE 583				
	MIAMI BE	EACH, FL State & Zip	SECRETAR TARGETARS	FILED
	305/672	4 - 1483 elephone number	EE, FL	

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

## 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:

SOBE FIT, INC.



ARTICLE II PRINCIPAL OFFICE

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

1602 ALTON ROAD, SUITE 683 MIAMI BEACH, FL 33139

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOE DOEDTMAN

1602 ALTON ROAD, SUITE 583

ARTICLE V INCORPORATOR

MIAMI BEACH, FL 33139

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

JOE DOEDTMAN

1602 ALTON ROAD, SUITE 683

MIAMI BEACH, FL 33139

Signature/Incorporator

10/27/97

Date

(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

Signature/Registered Agent

27/97

Date