TRANSMITTAL LETTER

P97000108298

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

FILED
97 DEC 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SUNSHINE FITNESS Inc.
(Proposed corporate name - must include suffix)

900002383519--3
-12/26/97--01032--012
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles 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 COPY REQUIRED

FROM: Gabriel Mayer
Name (Printed or typed)

PO Box 1540
Address

Maitland FL 32794
City, State & Zip

407- 679-0800
Daytime Telephone number

K. CHESSER DEC 29 1997

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.

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ARTICLE I NAME

The name of the corporation shall be:

Sunshine Fitness Inc

ARTICLE II PRINCIPAL OFFICE

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

PO Box 1540
Maitland FL 32794

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gabriel Mayer MD
105 East Wind Lane, Fern Park, FL 32730

ARTICLE V INCORPORATOR

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

Gabriel Mayer MD
PO Box 1540
Maitland FL 32794

Gabriel Mayer — 12/18/97

Signature/Incorporator — **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

G. Mayer MD — 12/18/97

Signature/Registered Agent — **Date**