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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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*****78.50 *****78.50

FORMULA 4 FITNESS, INC.

(Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **□** \$70.00 **≥ ≥** \$78.75 \$122.50 \$131.25 Filing Fee & Certified Copy Filing Fee Filing Fee Filing Fee, & Certificate Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: DIANA M. CIVELLI
Name (Printed or typed) 7373 DAKBORO DRIVE LAKE WORTH FC 33467
City. State & Zin 561- 434 - 3645

Daytime Telephone number P. Hall FEB 23 1998

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

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FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act. hereby adopts the following Act. TALLAHASSEE, FLORIDA

The name of the corporation shall be:

FORMULA 4 FITNESS, INC.

<u>ARTICLE II</u> PRINCIPAL OFFICE

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

7373 DAKBORO DRIVE LAKE WORTH, FL 33467

SHARES

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

100 SHARE PAR VALUE .01

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DIANA M. CIVELLI 7373 DAKBORD ORIVE LAKE WORTH, FL 33467

INCORPORATOR

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

DIANA M. CIVELLI 7373 OAKBORD DRIVE LAKE WORTH, FL 33467.

Diania M. Carelle 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

Signature/Registered Agent