

P99000077422

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

100002941001--5
-07/26/99-01076-006
*****78.75 *****78.75

SUBJECT: Four B. Fit, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Rick Berks

Name (Printed or typed)

2101 N. University Drive
Address

Sunrise, Fl 33322

City, State & Zip

954 742-9100

Daytime Telephone number

Rick Berks GAVE
AUTHORIZATION BY PHONE TO
CORRECT HA. IV
DATE 7-31-99
DOC. EXAM OB

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

OB
7-31-99
4



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 30, 1999

RICK BERKS
2101 N. UNIVERSITY DR.
SUNRISE, FL 33322

SUBJECT: CYBER-FIT, INC. D/B/A CYBER FIT
Ref. Number: W99000017701

We have received your document for CYBER-FIT, INC. D/B/A CYBER FIT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

I called your office several times but you were out. For your convenience I am sending you a Fictitious Name Packet.

Please return the original and one copy of 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 (850) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 999A00038879

ARTICLES OF INCORPORATION

OF

FOUR B-FIT, INC.

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

I. NAME: The name of the Corporation shall be:

FOUR B-FIT, INC.

II. PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be:

2101 N UNIVERSITY DRIVE
SUNRISE, FL 33322

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

5000 SHARES at \$ 1.00 Par Value

IV. INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

A C BERGMAN
7451 E OAKLAND PARK BLVD
LAUDERHILL, FL 33319

V. INCORPORATOR:

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

Rick Berks
2101 N UNIVERSITY DRIVE
SUNRISE, FL 33322

FILED
99 AUG 31 AM 8:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator has executed these Articles of
Incorporation this _ _ day of June, 1999.



Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
99 AUG 31 AM 8:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

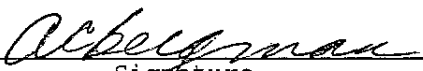
1. The name of the corporation is:

FOUR B-FIT, INC.

2. The name and address of the registered agent and office is:

A C BERGMAN
7451 W OAKLAND PARK BLVD
LAUDERHILL, FL 33319

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

Date