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TRANSMITTAL LETTER

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

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-09/20/99--01014--018
*****78.75 *****78.75

FITNESS PIT

SUBJECT: _____

(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: _____

BARBARA FARNSWORTH
Printed Name of Applicant

P.O. Box 5443
Street or Post Office Box of Applicant

DELTONA FL 32725
City, State, Zip of Applicant

(407) 860-6200
Telephone Number of Applicant

FILED
1999 SEP 20 PM 12:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Bc 9/20
W-21061

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:

FITNESS Pit Gym, INC.

ARTICLE II PRINCIPAL OFFICE

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

1802 Doyle Road
Deltona, FL 32738

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: BARBARA FARNSWORTH
1451 E. HARTLEY CR.
DELTONA, FL 32725

ARTICLE V INCORPORATOR

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

THOMAS FARNSWORTH
1451 E. HARTLEY CR
DELTONA, FL 32725 P.O. Box 5443

✓ Thomas Farnsworth
Signature/Incorporator

5/20/99
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

Barbara Farnsworth
Signature/Registered Agent

5/20/99
Date

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1999 SEP 20 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA