

P00000038356
TRANSMITTAL LETTER

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

FILED
00 APR 10 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: AMERICAN INSTITUTE OF MARTIAL ARTS FAMILY KANTR CENTER INC
(Proposed corporate name - must include suffix)

100003201901--9
-04/10/00--01127--018
*****78.75 *****78.75

C^u

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: MIKE A. ALBENZE
Name (Printed or typed)

6841 STATE ROAD 54
Address

NEESPORT RICHIEY FL. 34653
City, State & Zip

727-843-0568
Daytime Telephone number

F. CHESNEY APR 17 2000

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN INSTITUTE OF MARTIAL ARTS FAMILY KARATE CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6841 STATE ROAD 54, NEW PORT RICHEY, FL. 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARTIAL ARTS / FITNESS INSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

MIKE ALBUZE 7116 STONE RD. PORT RICHEY FL 34668 (PRESIDENT)

TRACI ALBUZE 7116 STONE RD. PORT RICHEY FL. 34668 (EXECUTIVE SECRETARY)

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

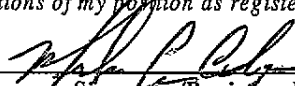
MIKE ALBUZE (PRESIDENT) 7116 STONE RD. PORT RICHEY, FL. 34668

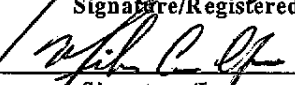
ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

MIKE ALBUZE (PRESIDENT) 7116 STONE RD. PORT RICHEY FL. 34668

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


Signature/Incorporator

3-1-00
Date

3-1-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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