F23000006392

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W23000150117						

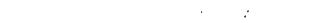
Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section. Division of Corporations. P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

то:	Registration Section Division of Corporation	s			
SUBJ	F <i>С</i> Т∙	Elite Martia	al Art	s, Inc	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of corporation	- must inc	lude suffix	.
Dear S	ir or Madam:				
"Certif	closed "Application by Fi Teate of Existence," or "C referenced foreign corpor	Pertificate of Good Stand	ding" and (check are subr	
Please	return all correspondence	concerning this matter	to the follo	owing:	
		Richard Ha	arsche	<u> </u>	
		Name of I	Person		
		Elite Martia	al Arts	, Inc	
		Firm/Com			
		PO Box 12	26		
		Hawley, PA		36	
		City/State ar			
	mas	sterharsche@e	emaika	arate.cor	n
	E-ma	il address: (to be used fo	or future a	nnual report n	otification)
For fur	ther information concern	ing this matter, please ca	ali:		
F	Richard Hars	che _{at} 570	, 470	0-1818	
	Name of Person	Area Code		aytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303] [MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please :	_	DRIDA DEPARTMENT		iling Fee &	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")						
(If name unavailable	e in Florida, enter alternate corporate name adop	oted for the purpose of transacting	g business in Florida)			
Pen	nsylvania 3.	56-255350)			
(State or country u	nsylvania 3	(FEI number, if app	plicable)			
10/2)O /OOOE		I			
(Date of	incorporation)	Perpetua (Date of duration, if other t	han perpetual)			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.		ty)			
9200 Corks	crew Palms Blvd Estero, FL. 33	3928				
•	(Principal office st	treet address)				
	(Current mailing ad	dress, if different)				
. Name and <u>street a</u>	ddress of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)				
	ddress of Florida registered agent: (P.O. Bo Timothy Murphy	ox <u>NOT</u> acceptable)				
Name:		ox <u>NOT</u> acceptable)	202 S.E.			
Name:	Timothy Murphy		2023 OC SLOS TALLE			
Name:	Timothy Murphy 10111 North Silver Palm Dr	ox <u>NOT</u> acceptable) - - - - - - - - - - - - -	2023 OCT 2:			
Name:	Timothy Murphy 10111 North Silver Palm Dr Estero (City)	- Florida <u>33928</u> (Zip code)	2023 OCT 27 F			
Name:	Timothy Murphy 10111 North Silver Palm Dr Estero (City)	- Florida <u>33928</u> (Zip code)	2023 OCT 27 PHOS SEPTEMBER OF THE PLANT OF T			
Name:	Timothy Murphy 10111 North Silver Palm Dr Estero (City) 's acceptance: as registered agent and to accept service opplication, I hereby accept the appointment	Florida33928 (Zip code) f process for the above stated as registered agent and agre	corporation at the pla te to act in this cupacity			
Name: Office Address: Registered agent laving been named esignated in this ap	Timothy Murphy 10111 North Silver Palm Dr Estero (City) 's acceptance: as registered agent and to accept service of optication, I hereby accept the appointment uply with the provisions of all statutes related.	- Florida33928 (Zip code) f process for the above stated as registered agent and agre ive to the proper and complet	corporation at the pla te to act in this cupacity			
Name: Office Address: Registered agent laving been named designated in this ap	Timothy Murphy 10111 North Silver Palm Dr Estero (City) 's acceptance: as registered agent and to accept service opplication, I hereby accept the appointment	- Florida33928 (Zip code) f process for the above stated as registered agent and agre ive to the proper and complet	corporation at the pla te to act in this cupacity			
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Name: Office Address: Registered agent I Aving been named lesignated in this ap urther agree to com	Timothy Murphy 10111 North Silver Palm Dr Estero (City) 's acceptance: as registered agent and to accept service of optication, I hereby accept the appointment uply with the provisions of all statutes related.	Florida33928 (Zip code) f process for the above stated as registered agent and agre ive to the proper and complet on as registered agent.	corporation at the pla te to act in this cupacity			
Name: Office Address: Registered agent laving been named lesignated in this ap urther agree to com and I am familiar wa	Timothy Murphy 10111 North Silver Palm Dr Estero (City) 's acceptance: as registered agent and to accept service of optication, I hereby accept the appointment oply with the provisions of all statutes related the and accept the obligations of my position. Multiply Multiply	Florida33928(Zip code) f process for the above stated as registered agent and agre ive to the proper and complet on as registered agent.	t corporation at the pla re to act in this cupacity re performance of my d			

under the law of which it is incorporated.

A. DIRECTORS							
☐Chairman Name: Richard Harsche	□Chairman Name:						
□Vice Chairman Address: PO Box 126	□Vice Chairman Address:						
□ Director Hawley, PA 18428	□Director						
№ President	☐President						
□Vice President	☐ Vice President						
☐Secretary ☐Treasurer	Secretary	□Treasurer					
□Other	☐ Other	□Other					
□Chairman Name:Timothy Murphy	□Chairman Name:						
□Vice Chairman Address: 10111 North Silver Palm Dr	□Vice Chairman Address:						
□Director Estero, FL 33928	□Director						
□President	□President						
□Vice President	□Vice President						
X Secretary □ Treasurer	Secretary	□Treasurer					
□Other	□Other	□Other					
☐Chairman Name:	□Chairman Name:						
□Vice Chairman Address:	□Vice Chairman Address:	-					
□Director	□Director						
□President	□President						
□Vice President	□Vice President						
☐Secretary ☐Treasurer	□Secretary	□Treasurer					
□Other	□Other	□Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when alling your Florida Department of State Annual Report form. 12. Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)							
	i cianina annivationi						

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELITE MARTIAL ARTS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELITE MARTIAL ARTS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204536970

Date: 11-07-23

4051306 8300 SR# 20233914328

You may verify this certificate online at corp.delaware.gov/authver.shtml