002316

TRANSMITTAL LETTER

Qualification/Tax Lien Section To: **Division of Corporations**

<u>aunicul</u>	MARTIAL	ARTS	GROUP.	INC.
	(Name of corporation - must include suffix)			

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DONALD PRUE
(Name of Person)
MARTIAL ARTS GROUP FNER P T
(Firm/Company)
25 CAPITOL ST.
(Address)
DEERFIELD BEACH FL 33442
(City/State/Zip) 0000024807000 -04/07/98 -01026001
-04/07/93 ~01020 501 ******70.00 *****70.00

Should you need to call someone concerning this matter, please call:

<u>) ON PRUE</u> at (<u>954</u>) <u>917 - 6889</u> or <u>570-7357</u> (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Oualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

W98-7712 Al 4/23/58 ---



FILED 98 APR 23 AM 9: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 7, 1998

DONALD PRUE MARTIAL ARTS GROUP, INC. 25 CAPITOL CT. DEERFIELD BEACH, FL 33442

SUBJECT: MARTIAL ARTS GROUP, INC. Ref. Number: W98000007712

We have received your document for MARTIAL ARTS GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return 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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 598A00018388

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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.

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1 MARTIAL ARTS GROUP, INC.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	•
natural person or partnership if not so contained in the name at present.)	
2. $\frac{M/CH/GAN}{(\text{State or country under the law of which it is incorporated})} 3. \frac{38-3070424}{(\text{FEI number, if applicable})}$ 4. $\frac{9-30-92}{(\text{Date of incorporation})} 5. \frac{38-3070424}{(\text{FEI number, if applicable})} $	
(State or country under the law of which it is incorporated) (FEI number, if applicable) Q = 30 - 9	
64-15-98	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 25 CAPITOL CT.	
DEERFIELD BEACH, FL 33442 (Current mailing address)	-
(Current mailing address)	
8. MARTIAL ARTS ASSOCIATION ADMINISTRATION Office	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: DON PRUE	
Office Address: 25 CAPITOL CT	· · · =
Office Address: <u>25 CAPITOL CT</u> <u>DEERFIELD BEACH</u> , Florida, <u>33442</u> (Zip code)	_
(Zip code)	· · · .
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated	
in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with	
and accept the obligations of my position as registered agent.	

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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Names	and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
DIREC	TORS (Street address only - P.O. Box NOT acceptable)
airman:	ED WARD COPLEY
ldress:	5738 15 MILE STEELING HOTS MI 48310
	nan: DON PRUE
dress: _	25 CAPITOL CT
	DEERFIELD BEACH, FL 33442
rector: _	ED WARD COPLEY
idress:	(SAME)
_	
irector: _	DON PRUE
idress: _	DON PRUE (SAME)
	CERS (Street address only - P.O. Box NOT acceptable)
esident:	DON PRUE
idress: _	25 CAPITOL ST
_	DEERFIELD BEACH FL 33442
ce Presid	ent:
idress: _	
-	
-	Edward Copley
	5738 15 MILE Rd
-	STERLING HOTS, MI 48310
reasurer:	/
ddress: _	,
	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
3.	$(\bigcirc) D$
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4	DONALD PRUE VICE CHAIR MAN DIRECTOR

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