### GAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (250) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature

Requested by:

Date

\_\_\_ Will Pick Up \_

Time

Name

Walk-In

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## ARTICLES OF INCORPORATION OF

Man-Son-Hing School of Martial Arts, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of corporation shall be:

Man-Son-Hing School of Martial Arts, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

3307 W. WATERS AVENUE Tampa, Florida 33614

#### ARTICLE III CAPITAL STOCK

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

One Thousand (1,000)

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Christopher E. Man-Son-Hing 3307 W. WATERS AVENUE Tampa, Florida 33614

SECRETARY OF STATE

APPHOVED FILED

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Christopher E. Man-Son-Hing 3307 W. WATERS AVENUE Tampa, Florida 33614

The undersigned has(have) e <u>December</u> , 19 <u>99</u> .	executed these Articles of Incorporation this <u>29th</u> day of	of
	Ohnsigh & Mason Isti, Pres. Signature/Title	
	Signature/Title	,,
	Signature/Title	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 6029.0501, Florida Statutes, the 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.

- 1. The name of the corporation is: Man-Son-Hing School of Martial Arts, Inc.
- 2. The name and address of the registered agent and office is:

Christopher E. Man-Son-Hing (NAME)

3307 W. WATERS AVENUE

(P.O. BOX NOT ACCEPTABLE)

Tampa, Florida 33614 (CITY/STATE/ZIP)

SIGNATURE

(cornorate officer)

idont .

TITLE President

DATE December 29, 1999

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 FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Charage & Man son

REGISTERED AGENT FILING FEE: \$35.00