

PO000007142

Peter Makris  
2110 Drew Street  
Clearwater, FL 33765

FILED  
00 FEB 14 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/9/00

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

900003134809--8  
-02/14/00--01107--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Gentlemen:

I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:

Peter Makris  
2110 Drew Street  
Clearwater, FL 33765

If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.

Very Truly Yours,

*Peter Makris CPA PP*  
Peter Makris

*NO COPY*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**HARITOS MARTIAL ARTS ENTERPRISES, INC.**

The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I. NAME**

The name of the corporation shall be:

***HARITOS MARTIAL ARTS ENTERPRISES, INC.***

The principal place of business of this corporation shall be:

***OLYMPIC TARPON PLAZA  
40194 U.S. HWY. 19 NORTH  
TARPON SPRINGS, FL 34689***

The mailing address of this corporation shall be:

***OLYMPIC TARPON PLAZA  
40194 U.S. HWY. 19 NORTH  
TARPON SPRINGS, FL 34689***

**ARTICLE II. NATURE OF BUSINESS**

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

### **ARTICLE III. CAPITAL STOCK**

*The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.*

### **ARTICLE IV. TERM OF EXISTENCE**

*The corporation is to exist perpetually.*

### **ARTICLE V. OFFICERS DIRECTORS**

*This corporation is to have one director and two officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:*

*Sergio Haritos  
President*

*920 Oakview Road  
Tarpon Springs, FL 34689*

### **ARTICLE VI. INCORPORATOR**

*The name and street address of the incorporator to the Articles of Incorporation is:*

*Sergio Haritos*

*920 Oakview Road  
Tarpon Springs, FL 34689*

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 9th day of FEB., 2000.

Signature of Incorporator

  
\_\_\_\_\_  
Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 9th day of FEB., 2000, by HARITOS MARTIAL ARTS ENTERPRISES, INC. of SERGIO HARITOS.

FLORIDA DRIVERS  
LICENSE

H632-787-62-444-0

Notary Public

  
\_\_\_\_\_



Dori A. Lindsley  
Commission # CG 821541  
Expires Apr. 15, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT / REGISTERED OFFICE**

**FILED**  
**00 FEB 14 PM 12:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Pursuant to the provision of Section 607.325, 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:**

***HARITOS MARTIAL ARTS ENTERPRISES, INC.***

- 2. The name and address of the registered agent and office is:**

**Name: *SERGIO HARITOS***

**Address: *40194 U.S. HWY 19 NORTH***

**City: *TARPON SPRINGS* State: *FLORIDA* Zip Code: *34689***

**SIGNATURE:** \_\_\_\_\_

**TITLE: *PRESIDENT***

**DATE: *2/9/00*** \_\_\_\_\_

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

**SIGNATURE:** \_\_\_\_\_

**DATE: *2/9/00*** \_\_\_\_\_