

P000000054006

TRANSMITTAL LETTER

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

SUBJECT: Kentaido International, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003276418--7
-06/05/00--01058--010
*****87.50 *****87.50

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: Noriza Noor
Name (Printed or typed)

3225 Albert Dr.
Address

Tallahassee, FL 32308
City, State & Zip

850-488-7609
Daytime Telephone number

RECEIVED
00 JUN -5 PM 1:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

APPROVED AND FILED
00 JUN -5 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Willie Whit

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:

Kentaido International, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3225 Albert Dr.
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teach martial arts.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President: Noriza Noor, 3225 Albert Dr., Tallahassee, FL 32308
Vice-President: Denise Scheidler, 1187 Brafferton Way, Tallahassee, FL 32311
Treasurer: Paula Noor, 3225 Albert Dr., Tallahassee, FL 32308

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

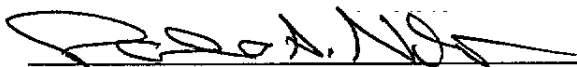
Paula Noor, 3225 Albert Dr., Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paula Noor, 3225 Albert Dr., Tallahassee, FL 32308

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/4/00

Date



Signature/Incorporator

6/4/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN -5 PM 1:36

APPROVED
AND
FILED