

PO0000062887

TRANSMITTAL LETTER

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

EFFECTIVE DATE
6-25-00

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-06/26/00--01155--008
*****87.50 *****87.50

SUBJECT: INDIAN ROCKS INSTITUTE OF SELF-DEFENSE, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: DENNIS NEMETH
Name (Printed or typed)

P.O. Box 151142
Address

TAMPA, FL 33684-1142
City, State & Zip

813.244.6313
Daytime Telephone number

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

S. Thompson JUN 28 2000

EFFECTIVE DATE
6-25-00

**ARTICLES OF INCORPORATION OF
INDIAN ROCKS INSTITUTE OF SELF DEFENSE, INC.**

The undersigned hereby subscribes to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

Article I

Name:

The name of this corporation shall be:

Indian Rocks Institute of Self Defense, Inc.

Article II

Address:

The principal place of business, street address and initial mailing address of the office of the corporation shall be 13801-F, Barclay Square, Walsingham Road, Indian Rocks, Florida, 33774.

Article III

Nature of Business:

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

Article IV

Capital Stock:

The maximum number of shares of stock that this corporation is authorized to issue and have outstanding at any one time is one hundred (100) shares of common stock, having a par value of \$1.00 per share.

Article V

Term of Existence:

This corporation shall exist in perpetuity.

Article VI

Directors:

This corporation shall have a minimum of one (1) director, but the initial board of directors shall consist of three (3) directors, designated as follows:

Sergio G. Barriga
Robert R. Defayette
Philip K. Diebold

FILED
00 JUN 26 PM 1:33
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Article VII

Registered Agent:

The initial registered agent of this corporation shall be Grand Master Sergio G. Barriga, whose address is:

c/o U.S.S.D.M.A.F.
2455 McMullen Booth Road
Suite K
Clearwater, FL 33759

Article VIII

Incorporator:

The name and address of the Incorporator is:

Mr. Sergio G. Barriga
c/o U.S.S.D.M.A.F.
2455 McMullen Booth Road
Suite K
Clearwater, FL 33759

Article IX

Effective Date:

The effective date of these Articles of Incorporation shall be 25 June, 2000.

IN WITNESS WHEREOF, the undersigned have hereunto set their hand and seal on this _____ day of June, 2000.

INCORPORATOR:


Sergio G. Barriga

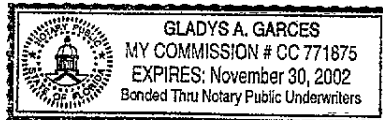
STATE OF FLORIDA

COUNTY OF Pinellas

SWORN TO AND SUBSCRIBED before me this 20th day of June, 2000, by Sergio G. Barriga who is personally known to me or who produced FD B62098759 3480 as identification and who did/did not take an oath.


NOTARY PUBLIC

My commission expires:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT**

Pursuant to the provisions of Section 607.0501 or 617.0501 of the Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement designating the Registered Office/Registered Agent in the State of Florida.

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.

REGISTERED AGENT:

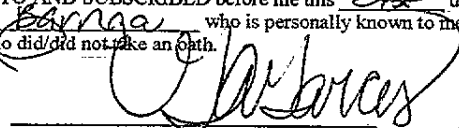

Grand Master Sergio Barriga

c/o U.S.S.S.D.M.A.F.
c/o U.S.S.S.D.M.A.F.
2455 McMullen Booth Road
Suite K
Clearwater, FL 33759

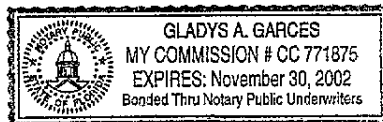
STATE OF FLORIDA

COUNTY OF Pinellas

SWORN TO AND SUBSCRIBED before me this 20th day of June, 2000, by Sergio G. Barriga, who is personally known to me or who produced RA# B620787593480 identification and who did/did not take an oath.


NOTARY PUBLIC

My commission expires:



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TALLAHASSEE FLORIDA