PM00000716355

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

600003338466--2 -07/27/00--01075--013 *****78.75 *****78.75

SUBJECT: ACADEMY OF the MARTIAL ACTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	l and one(1) copy of the article	s of incorporation and a	check for:	-	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	00 AUG 11	FILED
FROM:	Wade Black Name (Pr	inted or typed)		PM 1: 47	Ü
	838 SW CU	e77S S7	. :	> ` 	
	Pt St Lve City,	ie F/ 349 State & Zip	.83		 :
٠		278 9/Y5			- -

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 1, 2000

WADE BLACK 838 SW CURTIS ST PT ST LUCIE, FL 34983

SUBJECT: ACADEMY OF THE MARTIAL ARTS, INC.

Ref. Number: W00000019028

We have received your document for ACADEMY OF THE MARTIAL ARTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 487-6928.

Letter Number: 900A00041598

Tim Burch Document Specialist

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ARTICLE I The name of the	NAME 1e corporation sha	all be:	LACK and 1	SIMBALL ENT	EN PRISE
	-		Incorbace	_	
ARTICLE II The principal	PRINCIPAL place of business/	<u>OFFICE</u> mailing address is	: 838 SW	ocuers st ucle F1 349	
ARTICLE III The purpose	PURPOSE for which the corp	poration is organi	zed is: martial Lawfil Br	art instruction	and other a,
ARTICLE IV	/ SHARES of shares of stock	is: 100D	· -	·	
ARTICLE	V INITIAL OF	FICERS/DIREC	TORS (optional)		
The name(s)	and address(es):			W CURTIS ST PT H DR W. PALM E	SEACH 319
			ABALL OUT NIC		33405
ARTICLE V	<u>T REGISTE</u>	PED AGENT			~33AU5
ARTICLE V The name an	<u>T REGISTE</u> I <mark>d Florida street</mark>	PED AGENT	ristered agent is: ${\cal W}$		0
The name an	d Florida street	ERED AGENT address of the reg	istered agent is: W 83 PT	ade BlACK 8 SW CURTIS ST ST LUCIE FI	0
The name and ARTICLE V	d Florida street /II INCORPO nd address of the	ERED AGENT address of the res	istered agent is: W 83 PT Wade Blace 838 SW C	ade BlACK 8 SW CURTIS ST ST LUCIE FI Ch K URTIS ST UC (5) 34983	OD AUG I I PM
The name and ARTICLE V	d Florida street /II INCORPO nd address of the	ERED AGENT address of the reg ORATOR Incorporator is:	istered agent is: W 83 PT Wade Blac 838 SW C 97 ST LUC	ade BlACK 8 SW CURTIS ST ST LUCIE FI Ch K URTIS ST IC FI 34983 ************************************	TALLAHASSEE, FISH
The name and ARTICLE V. The name and ***********************************	/II INCORPO d address of the	CRED AGENT address of the reg ORATOR Incorporator is:	istered agent is: W 83 PT Wade Black 838 SW 97 ST ZUC ***********************************	ade BlACK 8 SW CURTIS ST ST LUCIE FI Ch K URTIS ST UC (5) 34983	TALLAHASSEE, FIX
The name and ARTICLE V. The name and ***********************************	/II INCORPO d address of the	CRED AGENT address of the reg ORATOR Incorporator is:	istered agent is: W 83 PT Wade Black 838 SW 97 ST ZUC ***********************************	ade Black 8 SW CURTIS ST ST LUCIE FI EL VRTIS ST VR	34563 00 AUG II PM

Signature/Incorporator